# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09047

TO HOSPITAL OR ATTENDING PHYSICIAN: loa mquires that the death certificate be executed within 2ª liaurs offer death. Page 4	may be revained by the haspital ar altendial systetian.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled the function of the function of the form of the form of the form of the form of the formal permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Board of Health prior to burial, cremation, an removal, and in any event, within 72 hours, efter death.
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ATTE	deto deto
OR	may be retained by the haspital ar attendial systician.  OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours-effer death.
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VR A15 (4) 15M 9/59

1. PLACE OF DEATH			£4.00	<b>YLAND</b>	2. USUAL RESIDENCE (W	here deceased	ived. If instituti		-	mission)
	rchester	2			Maryla			Ceci		1/
b. CITY OR TOWN RURAL and give	(If outside corporate limit negrest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpora	te limits, write F	URAL and gi	ive nearest t	lown)
-	ridge		2vrs.llmos	. Hid	as. Elkton		- 1)	11		
d. NAME OF HOSP	ITAL (If not in hospital, gi	ive street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
	Shore State				R.D.#4					□ NO D
3. NAME OF DECEASED	Firs	ı	Middle		Lost	4. DATE OF	Moi	ith	Day	Yeor
(Type or print)		chel	Eve.		Bedwell	DEATH	Aug	1	4	19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARR	ED E	L DATE OF BIRTH	9	. AGE (In years lost birthday)	-	Doys Hou	-
Female	White	WIDOWE	D DIVORCE	0	4-27-06		54 yrs.		Doys Hot	ors with.
Do. USUAL OCCUPAT	ION (Give kind of work d orking life, even if retired)	lone 10b.	KIND OF BUSINESS (	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZ	EN OF WHA	AT COUNTRY
House					Marvla	a nd			U.S.A	
3. FATHER'S NAME	13 2024				14. MOTHER'S MAIDEN			1	7,50,000	
John	Bowlsby				Mary	STED	house	7		
	ER IN U. S. ARMED FOR	CES?  16.	SOCIAL SECURITY NO	). 17. IN	FORMANT	-	Add	lress		
(Yes, no, or unknown)	[If yes, give wor or dates of se	rvice)		To	stown Shows	C+a+a U	-muddel	Danne	al in	
The same or or		14			stern Shore	D PATES I	OSDITAL	L'accon		L BETWEEN
	EATH [Enter only one cou	use per ili	is for (o), (b), ond (c)	•1					ONSET A	ND DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	To	xicity and	l sho	ck				2 h	rs.
750	DUE TO									
Conditions, if	any, which ) (b)	Ga	ngrene lei	t la	wer extremit	V			6 d	avs
gove rise to	immediate ( DUE TO									
lying couse lost	g the under-	Av	rterioscle	nocie					Sev.	vrs.
	, (c)				NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPS
S									PE	RFORMED?
PART II. O  PART II. O  200. ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b, DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Port I or Port	Il of item 1B.)			
	JRY Month, Doy, Yea	r 20d. It	NJURY OCCURRED		CE OF INJURY (Home, farr		or town)	{C	ounty)	(Stot
Hour o. m	10	While of wor	Not while	foc	tory, street, office bldg., et	c.)				
		-			8-21	5'7	0.1.		0	
21. I certify th	nat (1) (this haspital)	) attend				221,.ta	8-4	, 19_92	Q, that (	I) (we) la
	ased alive an	-4	19_60 and	that d	eath accurred of	M, fram t	he causes a	nd an the	date sta	ted abav
220. SIGNATURE	100	21-	, 0	-	ATTENDING		CTAFF			22b. DATE
-	Simon	UL	VXUX	A	A.D. PHYS.	AED.	PHYS.			8-5-60
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
(Type)	Simon Virkut	tis.	M.D. /		E.S.S.Hosp	ital, C	an bridge	e, Mar	yland	
30. BURIAL CREMAT			23c. NAME OF CEN	AFTERY OF			ON (City, town,			(Stote)
REMOVAL (Specif						1	ion, N		Ceci	
Burial	10/0/00		Zion C	emer						-
24. FUNERAL DIRECTO	S SIGNATURE	1	ADDRESS	-	250. REC	G TO BY REGISTR	AK ZSb. REG	ISTRAR'S SIG	CAMAR	
Halph	D X	20	010/6/	1	DATE					

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VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9073

CERTIFICATE OF DEATH	 CENTIE	LO A WIN	AF BEA	SPR C
	EKHE	ICAII:	OF DEA	HI

09048

1.	PLACE OF DEATH	sahaatan Ca	MARYLAN	11 4	USUAL RESIDENCE (Vo. STATE Mary]al		lived. If instituti b. COUNTY		e before od	
	b. CITY OR TOWN (III RURAL and give no	rchester Co f outside corporate limits, wri grest town!	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (IF		rote limits, write R			
-		Maryland AL (If not in haspital, give str	IMFe eet address)		East Net	w Marke	t, Md.		e. IS	RESIDENCE N A FARM?
_	Cambridge	Maryland Hos	nital		None					D-ON D
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mon	ith	Day	Yeor
	(Type or print)	Ethel	Bramble	Bran	nock	OF DEATH	8	-	24 XX	19 60
5.	SEX		ARRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
	Female	White WIDO	DIVORCED [	]	77/17/188	2	198 76yrs.	Months	Doys Ho	urs Min.
	a. USUAL OCCUPATIO	N (Give kind of work done )	06. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot	le or foreign co	7.5 5.0	12. CITI2	EN OF WH	AT COUNTRY?
13	Housew.	ing life, even if retired)	Housewife	14	Mary 1			1	U.S.A.	
15	WAS DECEASED EVE	ilbourne Brami	16. SOCIAL SECURITY NO. 1	7. INFOR		y Mills	Add	ress		
		If yes, give wor or dates of service)	18. SOCIAL SECONIT NO.	7- IIII OK	······································		200	1022		
-	No	No	No	Mrs	. Herbert	Traver	s, Cambr	idge,	Md.	
		TH [Enter only one cause pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Toxemia						ONSET A	ND DEATH
	Conditions, if a		Gangrene	rig	ht foot				2	wks.
	gove rise to in couse (o), stoting t lying couse lost,	nmediate (	Diabetes	Me l	litus					?
CATION	PART II. OTH		NS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
CERTIFIC	20g. ACCIDENT WA	S UNDERLYING 206.	DESCRIBE HOW INJURY OCCU	IRRED. (Er	nter nature of injury in	n Part I or Port	I II of item 18.)		L	
MEDICAL		W	d. INJURY OCCURRED 20e tile Not while work of work	factory,	OF INJURY (Home, for street, affice bldg., e	rm, 20f. (City	or town)	(C	ounty)	(Stote)
	21. I certify that	0/01	ended the deceased fro /60_19, and the				8/21/60			l) (we) last
	22a. SUGNATURE	an har	209	M.D.	ATTENDING	MED.	STAFF PHYS.		0070	226. DATE SIGNED
	22 PHYSICIAN'S MAME (Type)	John Mace	Jr.		22d. ADDRESS					
23	a. BURIAL, CREMATIO REMOVAL (Specify)	N, 236. DATE THEREOF	23c. NAME OF CEMETER				TION (City, town,			Stote)
24	FUNERAL DIRECTOR		Dorchester ADDRESS	- PORK	orial Park	C'D BY REGIST	mbnidge Zsb. Geo	STRAR S SIG	NATURE	
	Le Compte	Funeral Serv	ice, Cambridge	, Md.	DATE A	UG 3 1 '6	60 a	rethur S.		

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### MARYLAND STATE DEPARTMENT OF HEALTH

9074

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09049 **CERTIFICATE OF DEATH** 

	PLACE OF DEATH	chester. Co		MARYLAND	o. STATE	inence (w		b. COUNTY		before admission)
	b. CITY OR TOWN (	If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	-			rote limits, write f		
		. Marizland.		3 Weeks	Parl	csley.	Virgi	mia.		
	d. NAME OF HOSPE OR INSTITUTION	IAL (If not in hospital, s	give street	oddress)	d. STREET	ADDRESS		87	1	e. IS RESIDENCE ON A FARM?
	Bay Hei	ohts. Ave.		,	Uni	mown		0 -	X=3	YES NO
	NAME OF DECEASED	Fi	rst	Middle	l	ast	4. DATE OF	Mor	nith	Day Year
	(Type or print)	Ethel		Lee	Budo	d	DEATH	8	W.	24 19 60
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIR	тн		9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HR
F	'emale	White	WIDOW	ED DIVORCED	10/2/3	1890		69 yrs.	Months D	ays Hours Min.
-	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	PLACE (Stoke	e or foreign co	ountry)	12. CITIZI	N OF WHAT COUNTRY
	Presser	ang me, even mremed		Shirt Factory	Acco	mac.	Co. Vi	rginia.	U	S.A.
13.	FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME	4		
	Edwa	rd Thomas (	Colon	a	1	Vanni e	Hickm	an		
15.	WAS DECEASED EVE		CE57 16.	SOCIAL SECURITY NO 17.			1	Add	ress	100
1	No	No.		223-18-6805 1	irs. Edwa	and Bu	idd. Ca	mbridge.	- HE STAN	Md weeks
	-	ATH [Enter only one co		ne for (o), (b), and (c).]						INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:		PULMONA	RY	DEC	-om F	ENSAT	MOIT	ONSET AND DEATH
	420	DUE TO	/		-	*			-	3
	Conditions, if o	iny, which )	.)	ARTERIO	SCLE	ROTI	16	HT. DI	SEASE	UNKNOW
	gove rise to i		)							
	lying couse lost.		:1							
Z	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED 1	TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	(6) 19. WAS AUTOPSY
CATI		HYP	ERT	TENSION	ESSE	ENTI	AL			YES NO L
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Por	t II of item 1B.)		
K	20c. TIME OF INJUI	RY Month, Doy, Ye	ar 20d. I	NJURY OCCURRED 20e. F	PLACE OF INJURY	(Home, far	m, 20f. (City	or town)	(Co	unty) (State
MEDICAL	Hour a.m.	19	While of wor	Not while f	octory, street, off	ice bldg., at	(c.)			- 51
5	р. т.				2/11		-10	P 1-1	18 10	
			3/3	ded the deceased fram			960 . 10_			, that (I) (we) las
	saw the decea	sed alive an	1-3	1960, and that	death accurr	ed at	MM, fram	the causes as	nd an the	date stated above
	acf	ud R.m	ony	ann	M.D. ATTENDI	NG A	MED.	STAFF PHYS.		8/24/6
	22c. PHYSICIANS NAME (Type)	131:14	- 1	7.87	22d. ADD			1- 1		- "
		RED R	mi	ARYANOV	13	6 R	ALE.	51, 6	AMB	RIDGE, M
230	BURIAL CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, town,	or county)	(State)
	REMOVAL (Specify Burial	8/26/19	60.	Parksley Ce	emterv		Pa	rslev. V	iraini	3 -
24.	FUNERAL DIRECTOR			ADDRESS			D BY REGIST	RAR 255. REG	STRAR'S SIGN	NATURE
	Le Compte	Funeral Se	rvic	e, Cambridge,	Md.	DATE &	AUG 31'	60 C	telhur S.	three

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9075 CERTIFICATE OF DEATH

09050

							1.0	000
). PLACE OF DEATH				2. USUAL RESIDENC o. STATE	E (Where decease	d lived. If instituti		fore admission)
Dor	chester,	Co.	MARYLAND	Mary	vland	D. CO 01411	Dorchest	ter. Co.
b. CITY OR TOWN (If	outside corporate lim	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpo	prote limits, write R	URAL and give n	rearest tawn)
RURAL and give need	37 -		Life	13 combo		Las Conse		
d. NAME OF HOSPITA	ge Maryl			d. STREET ADDRE	cidge, M	ary rand.		e. IS RESIDENCE
OR INSTITUTION	to the mitted	ga most	a dan over	J. STREET ADDRE	-33			ON A FARM?
200 Oal	cley, Stre	et.		200 Oal	cley, St	reet.		YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Mor	ith i	Day Year
(Type or print)	Robert	rgn .	Christopher	Page 1	OF DEATH	R		12 1960
S. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24 HRS
				1 - 1		lost birthdoy)	Months Days	Hours Min.
Male	White	WIDOW		9/21/1871		88 yrs.		
during most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY   11. BIRTHPLACE	(Stote or toreign o	country)	12. CITIZEN	OF WHAT COUNTRY
Postal Cle	ric	TI	S. Mail	Mad	wland.		11	S.A.
13. FATHER'S NAME			101 1001	14. MOTHER'S MAIL	DEN NAME			911.0
	40° 1 1 1	-11						
Robert R	Christon	ner	SOCIAL SECURITY NO. 17. 1	NFORMANT CETTINES	rine Will	Ley Add	vace	
	I yes, give wor or dates of		SOCIAL SECONITI NO. 117, 4			FIGU		
No	No		No Mr	e. Marrian I	Worth 200	Oakley	St. Cami	bridge. Me
18. CAUSE OF DEAT	H (Enter only one co	ouse per li	ne for (o), (b), and (c).]				III	TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	. /	hlasti	1 (Prill)	1011 50		0	NSET AND DEATH
200	IMMEDIATE CAUSE (		July Col					-
3	DUE TO	3	10 m. D. T.					755
Canditions, if on		b)	Henre	1				
gave rise to in couse (a), stating t		0		Y				
lying couse lost.		c)	//					
Z PART IV. OTH	ERSIGNIFICANT CON	NDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY
47	57 00 a	1	1,11,00					PERFORMED?
5 00 155175175		low are	100012	D. M. C.		11 -6 % 10 1		IES [] NO P
PART IV. OTH  PART IV. OTH  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OF CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF CURRE	D. (Enter noture of inju	ry in Part I or Fo	ri II or Irem 16.)		
3 20c TIME OF INHIP	Month, Day, Ye	nor 20d 1	NJURY OCCURRED   20e. PL	ACE OF INJURY (Home	form   206 (Cit	v or town)	(Count	y) (Stote)
20c. TIME OF INJURY		While	fig.	ctory, street, office bldg		, 0. 104111	(Codin	7) (5.0.0)
₹ p. m.	19	at war	k of wark					
21. I certify that	(I) (this haspita	l) attend	ded the deceased fram.		. 19 . ta		. 19	that (I) (we) last
	. , ,		19, and that c			761-		
22a. SIGNATURE	d dilve dil		17 7 dila mor C	Jedin dictorred di	191, 11 Citti	me conses of	id an me da	22b. DATE
11/6	100	0	5 1/ n	ATTENDING Z	MED.	STAFF	~	O SIGNED
				M.D. PHYS.	DIRECTOR L	PHYS.		0/12/60
MAME (Type)	1.HAr	510	5.14.0.	229 ADORESS	edoric	te n	11	/
23a. BURIAL, CREMATION	4, 23b. DATE THERE	OF	23c. NAME OF CEMETERY O	R CREMATORY	23d, LOCA	TION (City, tawn,	or county)	(State)
REMOVAL (Specify)	0446	-1-				Action 1		
Burial	8/15/1	960	ADDRESS Lawn	Cemtery	REC'D 8Y REGIS	mbridge TRAR 258. REG	Md. SIGNA	TIABE
24 ELINERAL DIRECTOR'S	SIGNATURE	2 60	rvice. Cambrid	202	REC D 87 KEGIS	TRAK ZOB. KEG	DIRAKS SIONAL	IUNE
Te Col	pte runer	ar se	TATCE OSSUBLIG	Bo, Mue DAT	TE AUG 23 '6	OU C.	Thun & Ka	u.e.

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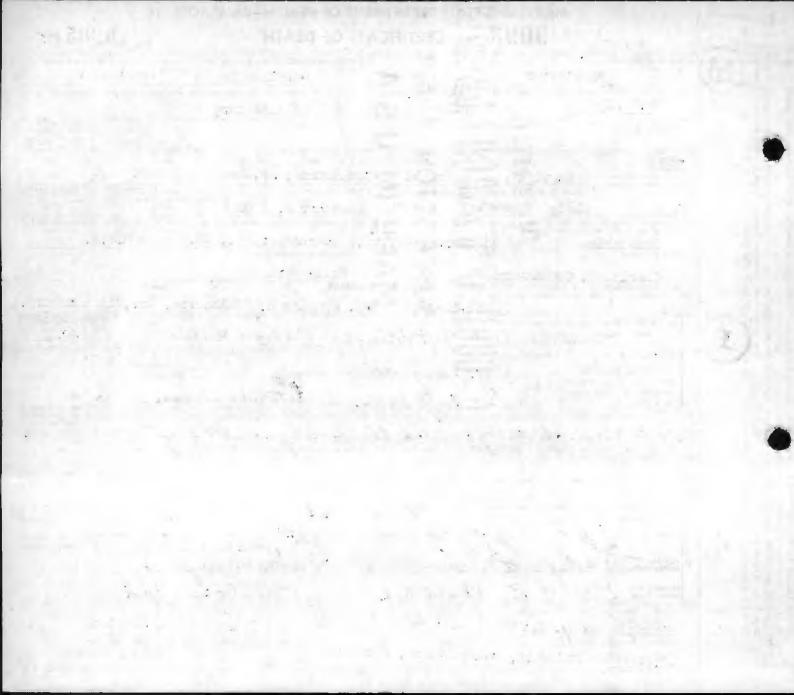
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9093

#### CERTIFICATE OF DEATH

Reg. Dist. 0051

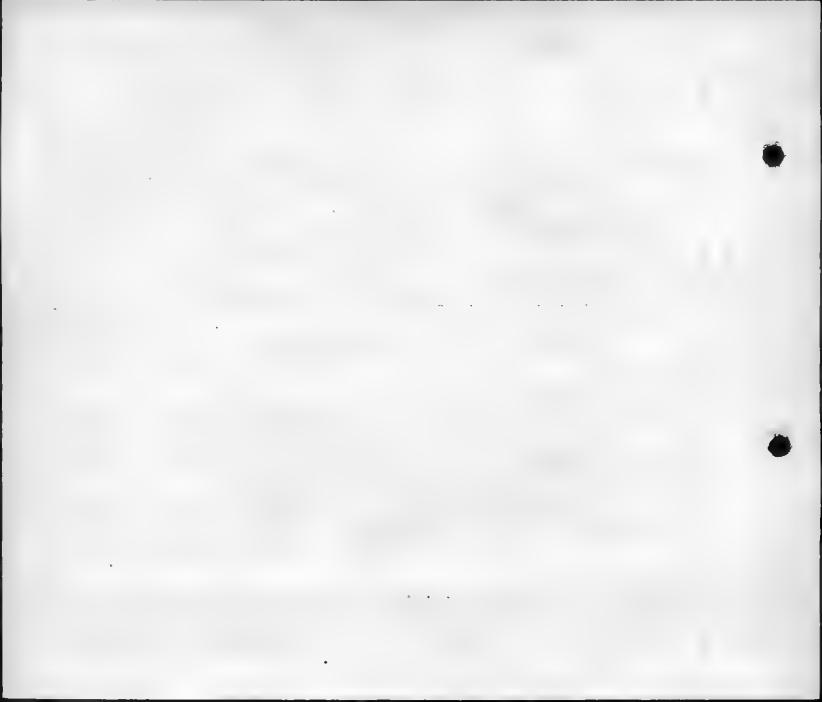
									400		
1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLA	o. STATE	Mary	Where deceased		NTY DOTC			iion)
b. CITY OR TOWN RURAL and give r	(If outside corporate limiterarest lown)	ts, write	c. LENGTH OF STAY IN	1b c. CITY OI		iamsbur		re RURAL on	d give ne	earest town	)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)	d STREET	ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Charles		Middle Wright	Coulbou	rne,	4. DATE OF ST DEATH		Month ugust	6		Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED		-	1900	9. AGE (In ye lost birthdo 59			Hours	ER 24 HRS Min.
during most of wo Constal	rking life, even if ratired	Do	rchester Co.	d. Dor	chest	INAME	200		J.S.A		COUNTRY
15. WAS DECEASED EV	S H. COLLDON ER IN U. S. ARMED FOR (If yes, give war or dates of a	CES? 16.	SOCIAL SECURITY NO.	informant Mrs. Cha				Address Sm.	,Will	liams	burg
Conditions, if a gove rise to couse (a), stoting lying couse lost	the under-	Ca	ronging of	scleuse esliged	art	trise	Lecondition	·		7 19. WAS	es_
Leute V.	iralinfect	ting -	Frece Le L  CRIBE HOW INJURY OCC	Eleator	of injury i	n Part I or Port	4da	P.	AKI IJO)	PERFC	NO 1
-	RY Month, Doy, Yes	While	NJURY OCCURRED 20 Not while k of work	e. PLACE OF INJURY factory, street, off			or town)		(County)	)	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Timely  Tri. H.	3.	Lemma Plumme	# 19 eath accurred a	0, 10 1:1: Pies	m n rest	the causes treet, city or lo	wn, slote)	the date	e stated	d abave
220. BURIAL, CREMATIC REMOVAL (Specify Purial	) Aug. 8,1		2.00	t Cemetery		Feder	ralsbur	g, Mai	rylar		(e)
23. FUNERAL DIRECTOR	tom and S of	n, Fe	deralsburg,	Maryland		C'D BY REGIST		EGISTRAR'S Chilhun			



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7	P P	EC	8	5
"	may be retained by the hospital or attend physician.	**O FUNERAL DIRECTOR: After this certifical is been signed by the attending physician and campletely filler by the funeral director.	page 3 shaufd be detached far use as the borral-transit permit. Then please remaye carban papers. Pages 12 shaufd be ATECT with	the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.
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	C	0	0	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 9078 Reg. Dist NO 053

	PLACE OF DEATH O COUNTY				2.	USUAL RESIDENCE (V	Yhere decease			before o	admission)
	6 COUNT	Dorche	ster	MARYLAN	D	o STATE Mary	land	b. COUNTY		che	ster
	RURAL and give ne	f outside corporate limi orest fown) 11160	its, write c.	LENGTH OF STAY IN 1	Yrs.	Camh	outside corpo oridee		URAL and gi	ve negresi	town}
	d. NAME OF HOSPIT	At (If not in hospital, g	give street add	iress)		d STREET ADDRESS	44485			0.1	S RESIDENCE
	08 INSTITUTION 105 T	Jashingto	n Str	eet		105	Washi	ngton S	treet		ON A FARM?
i	3. NAME OF	Fig		Middle		Losi	4. DATE	Mor		Day	Year
- 1	(Type or print)	Glad	_			Foster	OF DEATH		lg .	15	1960
ŀ	S. SEX	6 COLOR OR RACE	Y	NEVER MARRIED TO	a   a D/	ATE OF BIRTH		9. AGE (In years	2 1 2	YEAR IF	UNDER 24 HRS.
	Female	Negro	WIDOWED		Se	ent.15 4	006	last birthdoy)			ours Min.
	IOg. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIN	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot	e or foreign o		12 CITI	EN OF V	WHAT COUNTRY
	Labor	ing life, even if retired	1	Laborer		Dorches	ter C	ounty, M	[4]	US	۸
A	13. FATHER'S NAME			200101	14	. MOTHER'S MAIDEN		Our Cy gr.	iu j	<u> </u>	12
$\mathcal{A}$	W	lliam F	oster				Josep	hine S	tanle	377	
1	S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17	. INFOR	MANT	00300	Add		<u> </u>	
-	NO NO	If yes, give wor or dofes of s		9-18-0092	Mi	Hliam F	oster	. Chure	h Cre	ماد	Ma
ŀ		TH [Enter only one co					<u> </u>	• CHUI C	41_61		AL BETWEEN
		TH WAS CAUSED BY.		Coronary 1	I a or	t Diggo	10				AND DEATH
	inn	IMMEDIATE CAUSE (o	/	OOL OHAL Y	io al	C PIDGED	10				
1	Conditions, if or	h #	,								
	gove rise to it	nmediate (			<u> </u>						
	couse (a), stating lying cause last.	ne under-									
1		JER SIGNIFICANT CON		NTRIBUTING TO DEATH E	SUT NOT	RELATED TO THE TERA	WINAL DISEAS	E CONDITION GIV	FN IN PART	1(p) 19. V	WAS AUTOPSY
	Ĭ,									P	PERFORMED?
П	PANT 11 OTH	S UNDERLYING	206 DESCRIS	BE HOW INJURY OCCUP	RED. (Er	ter noture of injury in	Port I or Part	t II of item 16 )			3 10 L
		CAUSE OF DEATH MEDICAL EXAMINER)									
	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	or 20d. INJU While	RY OCCURRED 20e.		OF INJURY THome, for street, office bldg., et		or town)	(Co	ounty)	(State)
1	p. m.	19	of work [		,,		1				
	21. I certify th	at I attended the	deceased	from July 1	<u> </u>	, 1959, to A	lugust	15 1960	that I lo	st saw	the deceased
	alive on Aus	rust 15	1960	and that dec		curred at 11					
	1 (	W. Ow	1	( )			ADDRESS (SI	treet, city or town.	stole}		DATE SIGNED
-	ACTUAL	Alar-	tak	us	M.D.	227 pir	ne st-	Cambrid	ge , Mc	l. i	8-19-60
-	BANCOCI A DUC	0		,							
-	PHYSICIAN'S NAME (Type)	J. Edwin	Fass	ett, M.D.	_					ny tahungka yang diger	
Ī	270 BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREC	OF 2	2c. NAME OF CEMETERY	OR CRE	MATORY	22d LOCAT	ION (City, fown,	or county)		(Stole)
	Burial		960	Crapo Cer	nete	rv	Cra	no. Dor	. Co	Mary	vland
1	3 FUNERAL DIRECTOR	S SISSUATURE O	0. /	ADDRESS			D BY REGIST	RAR 245, REGI	STRAR'S SIGI	VATURE	
'	Michery	MUNC	Mas	# Cambrid	lge,	Md . DATE !	AUG 23'	60 0	مل استاند	10,000	
-									Tariba		



**CERTIFICATE OF DEATH** Reg. Dist. No il director, filed with . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY b. COUNTY Prof CITY OR TOWN (IT POST TOWN) CITE OR TOWN (if purside corporate l'mits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside, corporate limits, write RURAL and give represt town) D NAME OF HOSPITAL (If not indisspital, give shelf address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES A NO NAME OF 4. DATE Middle lost Day DECEASED (Type or print) DEATH COLOROR RACE 7. MARRIED THEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH J 9. AGE (In years Months Hours DIVORCED [] WIDOWED T 100. BSUAL OCCUPATION (Give kind of mork done 10b. KIND OF BUSINESS OR INDUSTRY 11 ART PLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S SAME 14 MOSMER'S MAIDEN NAME 0 6 TS WAS DECEMBED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 JUNFORMAN Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN-PART 1(6)/19 PERFORMED? 5 6 YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Not while factory, street, office bldg., etc.) Hour o.m. While of work of work 1960, that I lost sow the deceased 19.64. to. 21. I certify that I oftended the deceased from alive on\_s 19\_\_\_\_, and that death occurred at\_\_\_\_\_ M, from the causes and on the date stated obove. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL DIREC SIGNATURE should PHYSICIAN'S NAME (Type) 9 220 COURIAL, CREMATION, 320-DATE THEREOJ OR CREMATORY pode ã 0 ADDRESS BATCHERAL DIRECTORESIGNATURE 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

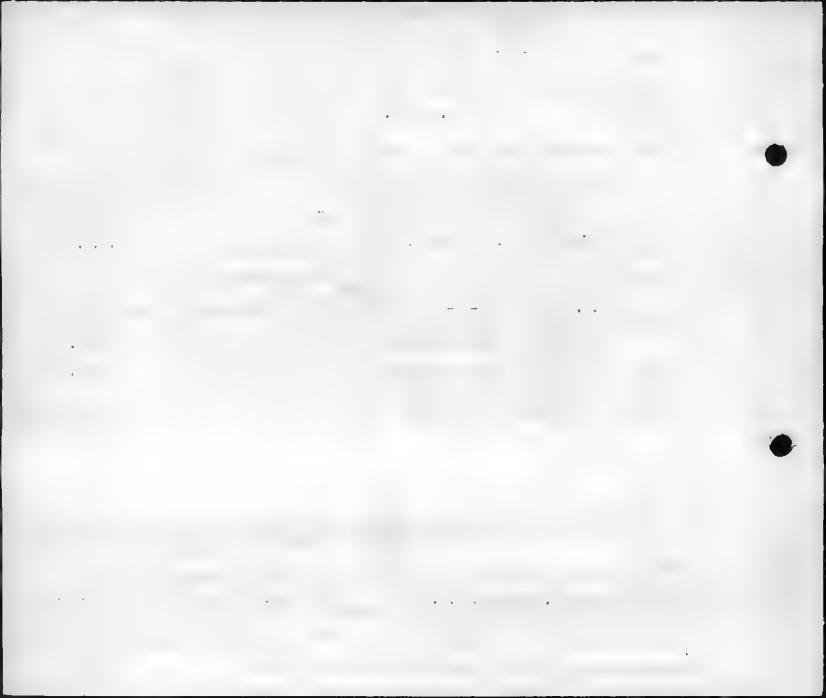


STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY our files. **6. COUNTY** Dorchester MARYLAND Marvland Dorchester b. CITY OR TOWN of outside corporate limits. c. C.IY OR TOWN (If ouls da corporate l.m ts, write RURAL and give neerest town? c. LENGTH OF STAY IN 16 write RURAL and give neerest town) yrs.7 mos. Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) STREET ADDRESS a IS RESIDENCE ON A FARM? YES | 7 NO TE Eastern Shore State Mospital 114 Vue de 1'Eau St. 3. NAME OF DATE DECEASED OF (Type or print) Groff.Sr. DEATH Elmer August .John l and 2 with 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (in yours HF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Hours WIDOWED [ DIVORCED Male Dec.31,1880 10+ USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Retired Salesman U.S. PM3. Pe Lancaster.Pa. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Eliab Groff

15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17 INFORMANT Mary Ann Herr Address Decemit (Yes, no, or unkown) | (If yes give wer or detay of service) Mrs.Estelle J.Groff.114 Vue de 1 Zau St.Cambrid 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c).] INTERVAL BEI WEEN Office miong v burial-fransit p novel, and in/ ONSET AND DEATH ge. PART I. DEATH WAS CAUSED BY. MMED. ATE CAUSE (a) Coronary Occlusion Instant Office DUE TO Arteriosclerosis Conditions, If any, which gove rise to immediate cause O 10 DUE TO (a), steting the underlying PART II. OTHER S.GN.FICANT CONDITIONS CONTPIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY ld be PERFORMED? NO A 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 20t, (City or town) (County) (State) factory, street, office bidg., etc.) While Not While al work et work O.R. P 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion DIRECTO death resulted from. Natural causes by Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Ehoald be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify)
Burial 0 40 6 Christ Church Cemeterv Cambridge, Md. FUN RAL D RECTO 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG arthur S. Frans 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH





VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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Onor CERTIFICATE OF DEATH

(19057

- 1-								8. 5.11. 140.	
	d. COUNTY			MARYLANI	2. USUAL RESIDENCE o. STATE		d. If institution: R. b. COUNTY	esidence befor	re admission)
ŀ		OR CH E 5 T E (If outside corporate limit		LENGTH OF STAY IN 1		(If outside corporate	limits write RURAL		rest town]
	RJRAL and give	nearest town)		ILVPS	ELKTON		17 7	V 1 -	,
ŀ	d. NAME OF HOS	PITAL (If not in haspital, g	ive street addr	(822)	d. STREET ADDRES			1 3	e. IS RESIDENCE
	EASTERN	SHORE STA	9 TE	HOSP.	UNK NOV	UN			YES NO
	3. NAME OF DECEASED (Type or print)	FLORENCE		Davis	Last HAMMOND	4. DATE OF DEATH	Month	Da 8	
r	5. SEX		Day A	NEVER MARRIED		9. A	GE (In years IFU	NDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE	WHITE	WIDOWED [		FEB. 19, 1	894	ist birthdoy) Mo	nths Days	Hours Min.
	USJAL OCCUPA during most of w	TION (Give kind of work corking life, even if retired)		,		tate or foreign country	r) 1		WHAT COUNTRY?
	HOUSEH	LIFE	at	HOME	MARY	LAND		0,5.1	9.
-	3. FATHER'S NAME	-			14 MOTHER'S MAIDE	EN NAME			
	GEORG				MATTI	E PUBE	RRY 1	PAVIS	
1	[Yes, no, or unknown]	VER IN U. S. ARMED FOR	CES? 16. SOC		INFORMANT		Address		
	No		N	ONE	EVELYN JE	ISTICE	ELKTON	1, MI	>
	1B. CAUSE OF D	EATH [Enter only one co-	use per line fa	r (a), (b), and (c).]				INTE	ERVAL BETWEEN
ı	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BRO	NCHO-PN	EU MONIA			S	DAY5
	19	DUE TO							
	Conditions, if	ony (which )							
١	gove rise to	immediate Dur To			///				
I	cause (o), stotin	g the under-							
	PART II. O			TRIBUTING TO DEATH E	UT NOT RELATED TO THE TE	ERMINAL DISEASE CO	NDIT ON GIVEN II	V PART 1(0) 1	9 WAS AUTOPSY
	ARTE	RIOSCLERO	TIC	HEART	PISEASE				PERFORMED? YES NO 12
	20g. ACCIDENT V				RED. (Enter noture of injury	r in Part I or Part II o	f item 18.)		
	ZOc. TIME OF INJ	JRY Month, Doy, Yes	or 20d INJUR	Y OCCURRED 20e.	PLACE OF INJURY (Home,	form, 20f. (City or t	own)	(County)	(State)
1	Hour o. m	10	While of work	Not while	factory, street, office bldg.,	etc.)	,		
I			Lust	(		1	- / -		
ı		that I attended the							
I	alive an_A	vc_7	, 1960	, and that dec	ith accurred at 3:40				
1	ACTUAL		, ,	2			city or lown, state	)	DATE SIGNED
1	SIGNATURE	George H	ho	Men	_M.DCAL	7.B.R.1,D.G.	E-, Mi	2	8/8/60
	PHYSICIAN'S NAME (Type)	GEORGE	4. 1	LONGLE	У				·
F	ZZa BURIAL, CREMAT	ION, 226. DATE THEREO	F 22	c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or ca	unty)	(Stote)
)	BURIAL Specif	1 8/11/60	0 0	THERRY H	166	CHERRY	HILL.	MARY	LAIRO
9	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	24a. 1		24b. REGISTRAI	R'S SIGNATHI	RE
	W. H. Pathin	Funesal Hom	e 9%.	a. Lusty El	Klon MA DATE	AUG 11 '61	Out	hun & To	Newson.
- 10									



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	OAT	13	CERT	IFICA	<b>ATE</b>	OF DEAT	Ή		Reg. D	ist. No.	U	00
1. PLACE OF DEATH	hasten Co		MAR	YLAND	٥	STATE		b. COUNTY	-			
b. CITY OR TOWN (If RURAL and give ne Cambridge,	arest town)	h, write	c. LENGTH OF STAY	( IN 1b	c.	CITY OR TOWN (III			URAL ond	give neor	rest low	<u>Co</u>
d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, g	ive street o			1	Cambride STREET ADDRESS	, ,	yland.		•	ON I	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Fir		Middle	0		Lost	4. DATE OF DEATH	Mor	th O	Day		Year
	Charl		<u> </u>			rper			(III III IOC	2 2 2 5 4 10	15 115 10	19 60
5 SEX		MIDOWE	DIVORCI			19/1890.		9 AGE (In years lost birthday)	Months	Doys	Hours	Min.
Mo Lo 100. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b. 1	KIND OF BUSINESS	OR INDU	STRY 1	1. BIRTHPLACE (Slat	te or foreign	country)	12. CI	TIZEN OI	F WHA	T COUNTRY
13. FATRET'S NAME		P	Lumber			Maryla				U.S.	A	
13. FATHER'S NAME					14.	MOTHER'S MAIDEN	INAME					
m						E14-	abeth	Dumm				
Thomas Ha	PIN IL S ARMED FOR	CES2 16 9	SOCIAL SECURITY NO	3 12 H	NFORM		varns im	Add	F. 014			
	If yes, give war or dates of s		JOCIAL SECONTIT IN	J.				700				
No	N_0	1	59-05-130"	7 N	irs_	Charles F	Jarner.	19 Muir	St.	Cam	bri	dge. M
18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o), (b), and (c)	.1		1 1	0			INTE	RVAL 8	ETWEEN
	TH WAS CAUSED BY:		(0-	01.	J	No		1		ONSE	ETAN	DEATH
8 a m	IMMEDIATE CAUSE (o	1		VY	24	Manu	YY VC	ucie			->	day
Į.	DUE TO					1,	- D	/			. 7	
Conditions, if an	y, which ) (b		400	Va.	~	Well	0 K	Vaccins			61	w.
gove rise to in	nmediate (	<del>]</del>						7 - 7 - 2 - 2			-	<del>/                                    </del>
cottse (a), stating t	he under ( DUE 10	,				1						
lying cause lost.	) {c	}										
CATIC	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	EATH BUT	NOT R	ELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(o) 19	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	DCCURRE	D (Enle	er nature of injury i	n Port I or Pa	rt 11 of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While of work	Not white of work	20e PL	ACE Of	FINJURY (Home, for treet, office bldg., e	rm, 20f. (Cit	y or town)	(	(County)		(Stole)
21. I certify the	a) I attended the	deceose	ed from	13/	6-2	. 19, to	4/1/6	16.19	.,that I	last so	w the	deceosed
olive onX_	16/60	. 19	, ond tha	t death	occu	rred at	LLM, fro	m the couses o	ind on i	he dat	e stat	ed above
[ ] ~ <i>[</i>	0		,			,		Street, city or town,				ATE SIGNED
ACTUAL SIGNATURE	ameri	m	enjano	/	м. <b>D.</b> "		360	Bacel	<b>十.</b>	d	5/	9/60
PHYSICIAN'S NAME (Type)	awren	93	Mary.	gni	V.		Ca	mbri	99	e r	Ns	1
220 BURIAL CREMATION REMOVAL (Specify)			22c. NAME OF CEN					TION (City, town,		/	(Sto	te)
Burial	8/9/1.96	U	East New	Mar	<u>cet.</u>			t New Mar		Md.		
23. FUNERAL DIRECTOR'S			ADDRESS				C'D BY REGIS		STRAR'S SI			
Le Compte	Funeral S	ervic	e, Cambri	dge,	Md	DATEAL	UG 23'6	0 (2.4	hun 2	Through		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending hysician.

TO FUNERAL DIRECTOR: After this certifical been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 5 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



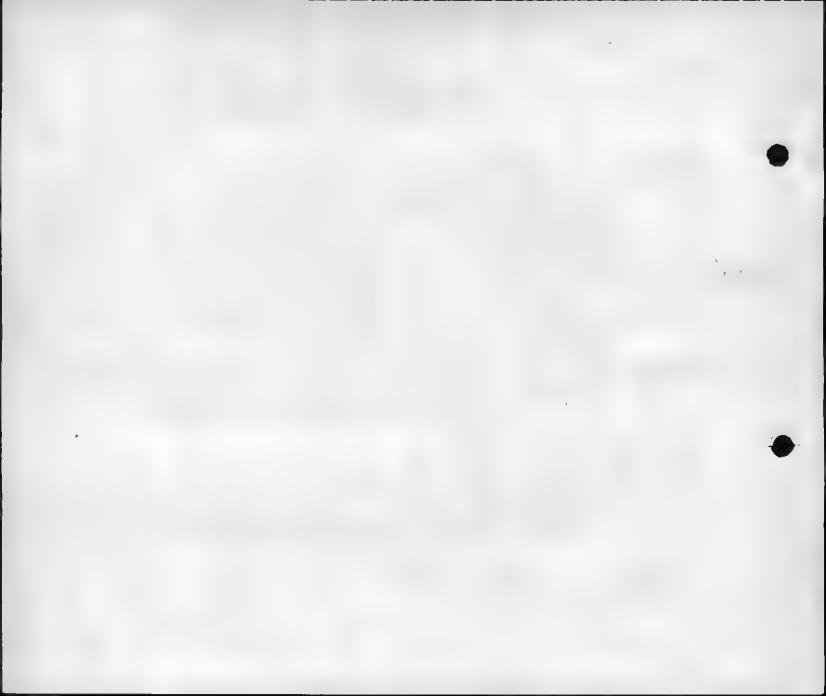
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 1 cremotion 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH e. COUNTY o. STATE **b.** COUNTY MARYLAND buriol, b. CITY ORNOWN It outside Corporate limits perits RURAL c. LENGTH OF STAY IN TO c. CITY DRAOWN All outside Corporate limits, write RURAL and give nearest lawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 12 NAME OF Middle 4. DATE Day Year OF DEATH Yal (Type or print) 1960 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [ with DIVORCED F Approx 3 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most payregating life, even if returned refoir 2 wit 12. CITIZEN OF WHAT COUNTRY? puo Give Pages 1, 2, 13. Poge 5 may 13. FATHER'S TNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (if yes, give wor or dates of service permit. INTERNAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary occlusion nstant MMEDIATE CAUSE (o) olong with force DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stoling the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS ő PERFORMED? YES K NO 🗆 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | cute the certificate, writing the word forworded to the Chief Medical Exon O FUNERAL BIRECTOR: Page 3 should 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour While Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection []. Inquiry \( \square\), and find that death resulted from: Natural causes 🛪 . Accident 🗔 Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) John c.ce DEPUTY MEDICAL EXAMINER TO BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 225 LOCATION (CityLitown, or county) 23. FUNERAL DIRECTOR'S SIGNATUR 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME(S) AUG 2 6 '60 Circling & Thront DATE 5M 9/55

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DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **71 MEDICAL EXAMINER'S CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) I director. Page or your files. bard of Health, a. COUNTY **b.** COUNTY Dorchester, Co. Dorchester, Co. MARYLAND b. CITY OR TOWN (fourside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ouls'de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Cambridge, Maryland. 20 Years Cambridge. Maryland. Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS IS RESIDENCE ON A FARM? refa.ned he State E Oakley, Street. YES NO Y 529 Oakley, Street. 3. NAME OF Middle 4. DATE Month DECEASED OF eq. (Type or print) DEATH 19 60 George Hubbard With 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 8. DATE OF BIRTH ge 5 may land 2 wiff iasi birthday) Months | Days Hours pue 96 WIDOWED X DIVORCED Male YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLNTRY? Give Pages 1, 2, orm PM3. Page 5 dona during most of working life, avan if ratired) U.S.A. Within Fazmer Farmer Maryland. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Anna Kirwan Charles Hubbard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgivawarordalasofservica) Mr. William Hubbard, Cambridge, Md. Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary occlusion. Instant DUE TO cate should Conditions, if any, which gava rise to immediate causa 60 DUE TO Examiner's e used as a (a), stating the underlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-81, 19, WAS AUTOPSY PERFORMED? NO F should 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Part I or Part I of Jam 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER writing Chief I Page 3 s 2Dd. NJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c, TIME OF INJURY Month, Day, Year (Stata) factory, street, office bldg., etc.) Whila \_Not While Hour a.m. al work | at work OL 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection K Inquiry and in my opinion lease execute the certific t should be forwarded to FUNERAL DIRECTC it its designated agent, p Natural causes X Accident Suicide Homicide [ Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IX John II ca Jr. NAME (Type) Addrass (Sireat, city, town, or county) Address (Street, city, town, or county)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lown, or country) 226. BURIAL, CREMATION, 226. DATE THEREOF (Slala) REMOVAL (Spacify) 240 p 0 Burial Park Comtery 244 REC'D BY REGISTRATION AND REGISTRATION SIGNATURE VS. A15ME Le Compte Funeral Service, Cambridge, Md. Culling S. Kines DATAUG 2 3 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9098 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Dorchester COUNTY b. COUNTY MARYLAND Marvland ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 8 RURAL and give nearest town) Cambridge 6vr.6mo.17das the fune should I Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 306 West End Avenue Eastern Shore State Hospital 3. NAME OF 4. DATE DECEASED B. Hubbert Frances August (Type or print) DEATH within 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years los birthdoy) F White 6-10-73 WIDOWED | DIVORCED | popers. yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Maryland puo corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion James Stewart Susan Billups remove 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: Broncho-pneumonia . IMMEDIATE CAUSE (o) **DUE TO** þ Cerebral Arteriosclerosis Canditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underpuo lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) buriol, cremotion, 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. [City or town] factory, street, office bldg., etc.) n. D. Not while of work of work detoched for Feb. August 21. I certify that I attended the deceased from August 19 TO FUNERAL DIRECTOR: A page 3 should be detach ACTUAL prior SIGNATUR Dr. Simon Virkutis PHYSICIAN'S NAME (Type)

Rea. Dist. No.

Dorchester

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Dovs

U.S.A.

Months

ON A FARM?

YES NO IN

Year

10 60

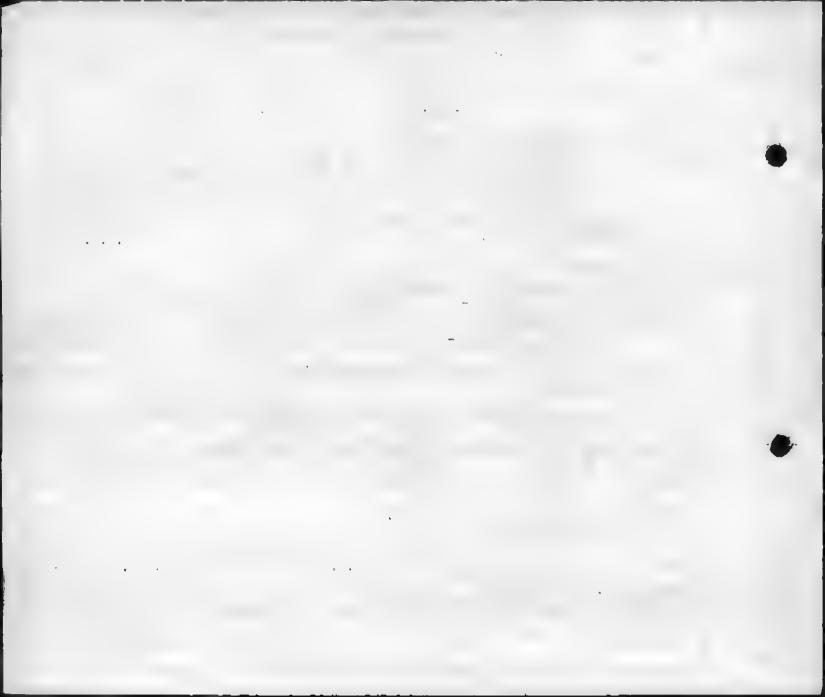
Records - Eastern Shore State Hospital INTERVAL BETWEEN ONSET AND DEATH 2 days several years PERFORMED? YES NO IN (County) (Stote) 1900 that I last saw the deceased and that death occurred at 1: 40 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED E.S.S. Hospital. Cambridge, Md. 8-19-60 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Dorchester Ham. Park Caulrilee, any land 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 3 '60 Cirthur S. Kraus

220. BURIAL, CREMATION, 226. DATE THEREOF

LeCompte Funeral Home, Cambridge, Md.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



physica

tending

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MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM? YES NO

1960

INTERVAL BETWEEN ONST AND DEATH

PERFORMED?

NO T

(Stata)

and in my opinion

DATE SIGNED

26th Aug.

Day

U.S.A.

(County)

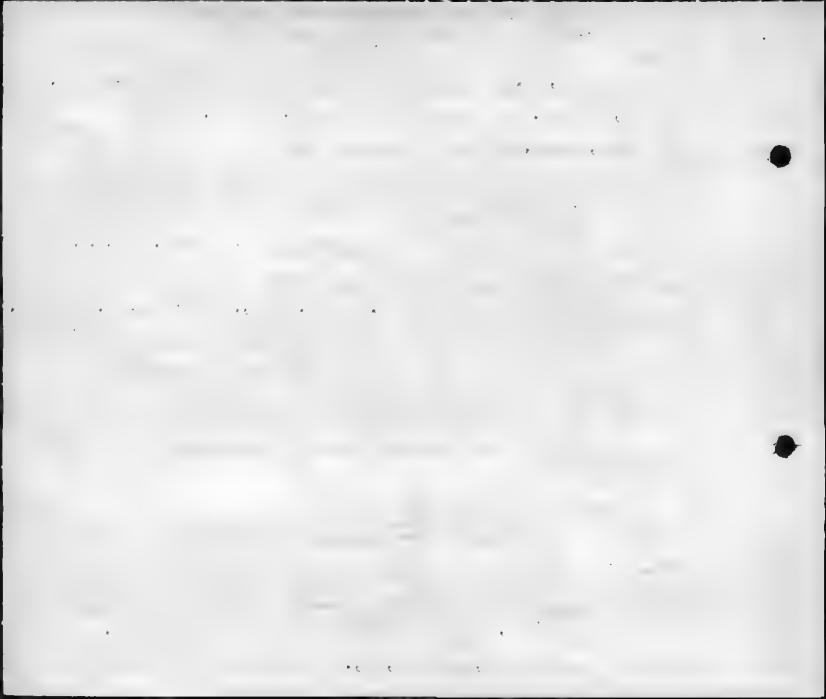


1 - 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	910; MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 09064
HEALTH DEPT.	o. COUNTY DORCHESTER. MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  o. STATE b. COUNTY LL TREE TER.
File Pe	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  and give nearest town)
rector rector do of	d. NAME OF HOSPITAL OR INSTRUTION (H not in hospital, give stree oddress)   d STREET ADDRESS   e IS RE: DIN'T
al ford	ESS HOT
he f he sich er deal	3. NAME OF DECEASED (Type or print) MARGIE 2. DOHNSON DEATH AUG- 13 1960
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The Post of Page 1	15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17 INFORMANT Address (I year, no, or unknown)   (II year, give wor or dotes of service)
A COLO	DIT - NONE METER 1.35/
tem 18	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)].  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)
ffice of transition in transition in transition in transition in transition in the t	TOO 25 DURTO The The State of 2 May
Id be a pend a p	Gonditions, if ony, which gove rise to immediate cause QUE TO  [a], stating the underlying DUE TO
Should and a should a	Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ndir osed remor	PERFORMED?
word be origin of the	200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)
og the same as the	20c. FIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 200 PLACE OF INJURY (Home, Form, 20t. (City or fown) (County) (State)  Hour ontil 20-1960 of work of work of work of work
AMIR writin to the Page Price	21. Certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry . and in my
TOR:	opinion death resulted from: Natural causes . Accident Suicide . Homicide . Undetermined manner
Sartific Marwal OIREC	ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAM-NER
UTY Maile the the the the the the the the the th	EXAMINER'S NAME (Type) OHN MACE JR DEPUTY MEDICAL EXAMINER D. 8/13/6
P. Should be seen to see the see the see the seen to see the seen to see the s	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, lown, or county) (SIGNE)  REMOVAL (Specify)  R-16-60 SPRING HILL CEMETERY GIRDLETREE, MARYLAND
VS. A15ME	23. EUNIERM DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR S SIGNATURE
5M 2/57	John H. Walson Pocomoke City, MD, DATAUG 17'60   Citing & Trans

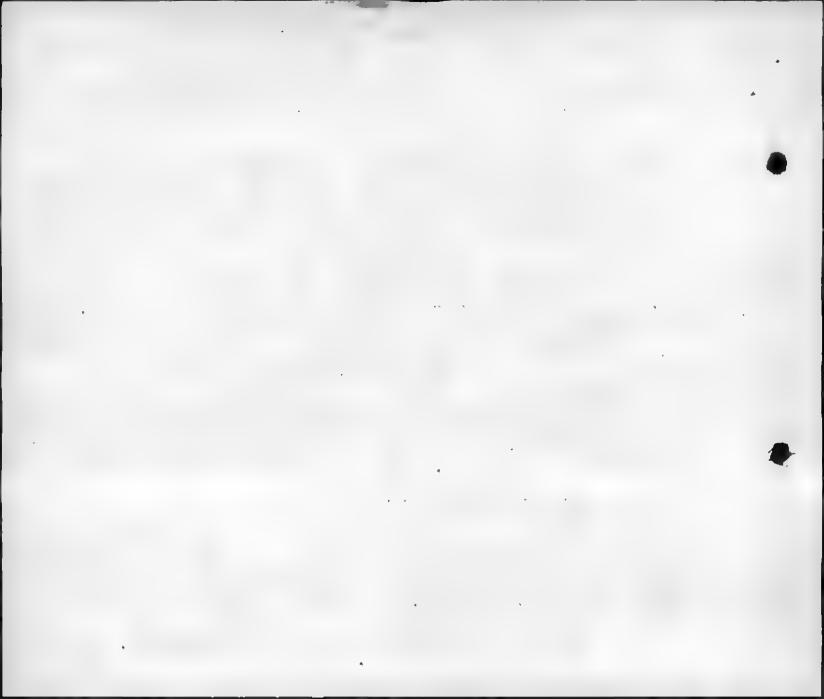


9080 Reg. Dist. No.9065 CERTIFICATE OF DEATH director 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY g. STATE b. COUNTY MARYLAND Dorchester Co. Maryland Dorchester. Co. death. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside commrote limits, write RURAL and give nearest town) erol b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Wingate. Maryland. Cambridge Maryland 2 Weeks d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO XXX None 210 Academy, Street. 4. DATE NAME OF Middle Level Month Day Year OF DEATH DECEASED 1960 Bloodsworth (Type or print) Jones Amanda IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 84 yrs Months Days Hours DIVORCED [T] WIDOWED Female White 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) deoth. during most of working life, even if retired) Dorchester Co. Maryland. U.S.A. Housewife Housewife corbon 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME Unknown William Bloodsworth move 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mr. Ernie E. Jones. 210 Academy. St. Cambridge. nding No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5-976 B-4-C IMMEDIATE CAUSE (0) **DUE TO** Canditians, if any, which gove rise to immediate DUE TO cotte (a), stating the under-Les le lying cause last iol-transi PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? emovol, YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH 100 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) Month. Doy, Year factory, street, affice bldg., etc.) O. m. While Not while at work at work p. m Chot I lost sow the deceased 21. I certify that I attended the deceased from and that death occurred at 1740M, from the couses and on the date stated above. olive on DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type FUNEZAL (\*) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ( (Stote) pode BILLINOYAL (Specify) Cambridge Cemtery Cambridge. Maryland. he 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR Le Compte Funeral Service. Cambridge, Md. DATE ATHG 2 3 160 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1			MARY	AND S	TATE DEPAR	TME	NT OF HEALT	H-BAL	IMORE,	18	
FOR STATE		91	102 MI	DICA	L EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist	99066
IEALTH DEPT	1.	PLACE OF DEATH	4- 4				2 USUAL RESIDENCE	Where decease	d lived If institu		the same sales and all the
Poge illes.			orchester		MARY	LAND	o. STATE Marv.	Land	b. COUNT	Dorche:	ster
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for source					pital, give street address	1)	d. STREET ADDRESS			man ander a select	ON A FARM
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	3.	NAME OF DECEASED (Type or print)	Fi	.81	Middle	4	Lost	4. DATE OF	Mont	h Do	,
The the	5.	SEX	ELOn	7. MA POIS	Maye		ONES DATE OF BIRTH	DEATH	Augus		19 <b>60</b> at 15 under 24 Hz
3.00		Male	White	WIDOWED					fort birthday)	Months Days	
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ile m		WAS DECEASED EVE		B 0 0 0 0 1 1	SOCIAL SECURITY NO.	17. IN			Address		- 11411
ony it	1	No.	If yes, give war or dates of	2	18-16-7072	E	astern Shore	State	Hospita	l recore	ls.
0 1 E E		18. CAUSE OF DEAT	H [Enter anly one ca	use per line f	ar (a), (b), and (c)	_	^		_	LINT	TERVAL BETWEEN SET AND DEA -1
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age age	Q	PART II, OTHI	arcinoma	of ton	OTTO	I BUT NO	OT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
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9 € G	CERTIFICATION	PRIMARY I or CON CAUSE OF DEATH.	TRIBUTING []	W NESCRIBE	None.	KED (EN	tier nature of injury in ro-	rf t or Port II o	r irem (B.)		
hie w	3	20c, TIME OF INJUR	Month, Doy, Ye	pr 20d II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, for	n. 20f. (City e	r fown)	(County)	(Slote)
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Page Print		23. I certify the	at I took charge	of the r	emo'ns described	abov	e, held an Autops	y , ins	pection X1.	Inquiry D	and in m
ent,							], Suicide [],				
10 5 C B		-	7-1	<i>*</i> .	1, 7	M			-		
or o		SIGNATUREL_	Letilled.	4 2- 1	7. Luot	4 -	M D CHIEF MEDICAL E	XAMINER [			DATE SIGNED
AL De l'ign	- L	EXAMINER'S			/12	X	ASSISTANT MEDIC		_	8	3/16/60
4 P P P P P P P P P P P P P P P P P P P		NAME (Type)	Idridge	70,000	lff, M & P		DEPUTY MEDICAL	Andrew States are		****	
T is		REMOVAL (Specify)		)F	22c. NAME OF CEMETE	RY OR (	REMATORY	22d. LOCATIO	ON [City, fown, e	or county)	(State)
200	22	FUNERAL DIRECTOR:	8/19/1	960	Dorcheste	r Me	morial	D av ass.	ambri da	MARS SIBNATU	da express
. A15ME	4	Le Comote	Funeral Se	rvice	Cambridge		240 KCC	U BY KEGISIKA		MAKS STENATI	JKE



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his cert use as ta buric	MEDICAL CERTIFICATION	<b>2</b> 0c
After fland for prior		21.
ECTOR: Afre be detached of Health pr		22c
OTRECTOR OF I		220
Shaul Shaul		
To FUNERAL DIRECTOR: After this cert find a special page 3 should be detached far use as the burial-transit the State Board of Health priar ta burial, cremation, at re-	23a	BJ REJ
0	24	FUN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VR A1S (4) 1SM 9/59

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	ACE OF DEATH				2	USUAL RESIDEN	CE (Wh	are decease			on Resider	ice befor	e admiss	on)
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R	RURAL and give ne	AMBRIDGE		15 YEAR	95	BALT	1110	OF		40	M W	- 1		
		AL (If nat in hospital, g	ive street	oddress)		d. STREET ADDR		-					e. IS RES	IDENCE FARM?
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3 N	AME OF	For	şî	Middle		Lost		4. DATE		Mon	th	Do	γ	Year
	ype or print)	ERWIN	-	IGNATIUS	- 14	RAMER		DEATH	· Au	605		18		1960
S. SE	Х	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED   B.	DATE OF BIRTH			9. AGE	(In years irthdoy)	IF UNDER			1
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13. E	ATHER'S NAME					14. MOTHER'S MA								
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Z □	PART I. OTH	HER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	E TERMI	NAL DISEA	SE CONDI	TION GIV	EN IN PAI	(o) T		AUTOPS'
S													YES 🗌	
1	20a ACCIDENT WA	S UNDERLYING	20b DES	TRIBE HOW INJURY O	CCURRED	Enter nature of inj	jury in F	ort I or Po	ort II of ite	m 18.)				
E CE	IF EITHER, NOTIFY	MEDICAL EXAMINER)												
3 2	Oc TIME OF INJUR	Y Month, Day, Yes	ar 20d II	NJURY OCCURRED	20e. PLACI	OF INJURY (Hom	e, form	, 20f, {Cit	ty or town	)	f	County)		(Stot
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	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							7	
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23a.	BJR.AL, CREMATIO	N. 236 DATE THEREC	)F		AETERY OR C				AT.ON (C	ty town,	or county)		(Stol	re)
	REMOVAL (Specify)	4-27-1	960	Pa	rKino	ad			Ro	1ta	Ma	/.		
24 F	UNERAL DIRECTOR	S'SIGNATURE		ADDRESS	, 1 100 10	, 250	□ REC'(	D BY REGIS	STRAR	2Sb REGI	STRAR'S SI	GNATU	RE	
	littell.	marke &	(4	en hora	ac "	mid DA	ATINUC	23 6	0	CX	Lun I.	Kraud		



Mattie

6. COLOR OR RACE 7 MARRIED T NEVER MARRIED

WIDOWED TH

Carr

20d. INJURY OCCURRED

Not while of work of work

22c. NAME OF CEMETERY OR CREMATORY

ambridge. Md.

Cemeterv

Linas Road

ABDRESS

While

c. LENGTH OF STAY IN 16

Middle

DIVORCED [

Laborer

b CITY OR TOWN (If outside corporate limits, write

Rural-Church Creek

Laborer

PART I DEATH WAS CAUSED BY

Conditions if on , which gove rise to immediate

couse (a), stoling the underlying couse lost.

20c TIME OF INJURY Month.

Hour o. m

olive on L

ACTUAL

PHYSICIAN'S NAME (Type

220 SURIAL CREMATION.

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

d. NAME OF HOSPITAL (If not in hospital, give street address)

Negro

George

IMMEDIATE CAUSE (o) DUE TO

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

**DUE TO** 

Doy, Year

21. 1 certify, that I attended the deceased from \_\_\_

RURAL and give negrest town)

3. NAME OF

5. SEX

DECEASED (Type or print)

Female

13. FATHER'S NAME

(Slote)

09068 Red. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b** COUNTY Marvland Dorchester c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Rural-Church Creek d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO [X] 4. DATE Lost Month Day Yeor DEATH 1960 Aug. Lee 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HAS. DATE OF BIRTH lost birthdays Months 61 yrs. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. 8'RTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Dorchester County. Md. USA Meekins Jane 17. INFORMANT Address Road. Dor. Co., Md Linas INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 206 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18 ) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) 19/1 to 1616 5 1/ 190 Lithat I last saw the deceased \_\_\_\_\_, and that death occurred of \_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

DATE #116 2

Dorchester County.

24b REGISTRAR'S SIGNATURE

Orthur S. Kraus

DIR FUNERA oge 3 sh

VS A15 [4] 15M 9/SS



00000

	1006		CERTIFIC	CATE OF DEA	ип		,	131103
1. PLACE OF DEATH			MARYLA	2 USUAL RESIDEN	CE (Where decease	d I ved If instituti	an Residence b	efore admission)
Do	rchester. C	0	MARTLAI	Marvl	and		orchest	er Co
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write c. LE	NGTH OF STAY IN	16 CITY OR TOW	/N (If autside corpo			
	ITAL (If not in hospital, g		\$}	d. STREET ADDI	dge, Md	•		e. IS RESIDEN
109 Musi	Street			109 Muse	Street			YES NO
3. NAME OF DECEASED (Type or print)	Milbour:		Middle R. McNa	Lost	4. DATE OF DEATH	Mor	nth	Day Year
S SEX	6 COLOR OR RACE		NEVER MARRIED			9 AGE (In years lost birthdoy)		AR IF UNDER 24
Male	White	WIDOWED [	DIVORCED [		)	77 yrs	Months Day	rs Hours i
10a. USLAL OCCUPAT		done 10b KIND	OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE	(State or foreign o	ountry)	12. CITIZEN	OF WHATCOU
RealES		Real	Estate	Ma	ryland.		2 11	Λ
13. FATHER'S NAME				14. MOTHER'S MA			0 1 1 1	TE B
Willia	n Me Namai	re.		Annia	Christop	0.39		
IS WAS DECEASED EV	ER IN U S ARMED FOR	CES? 116 SOCIA	L SECURITY NO.	17 INFORMANT	COLUMN TO SERVE	Add	Íress	74.3
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)		7.67 71 3 71	27 27	7003		Md.
No	NO.	1/0		Miss Lyah B.	Mc Mama	ra, 109 N		NTERVAL BETWE
	ATH [Enter only one co	use per line for	(0), (b), and (c).	1	17			NISET AND DE
PARI I. Dt	ATH WAS CAUSED BY:	1 1 .						
4 .	IMMEDIATÉ CAUSE (o	Ell C	2 W AND	1/2/1/21	4/11/	111 4500	:1-	15 TI 3. C.
420	DUE TO		- W ANN	Janes Janes	7 11 15	+11 45° -	1	15 11 3. c.
420 Conditions if	DUE TO		tis its	Ficher	4/11/	1	:1- 1	To the sice
Conditions, if gave rise to	DUE TO	die	tirely	Licens	y / w	7	:1	To the site
gave rise to cause (a), stating	DUE TO	die	tire to	tickens	4-11	1	3/2	75 (13.c.
gave rise to cause (a), stating lying cause last	ony, which immediate g the under-	At	tire by	tickenty	51.1	711 W		
gave rise to cause (a), stating lying cause last	ony, which immediate g the under-	At	tinto	LI BUT NOT RELATED TO TH	STO DETERMINAL DISEASE	EE CONDIT ON GI	VEN IN PART 1(c	19 WAS AUT
gave rise to cause (a), stating lying cause last	ony, which immediate g the under-	At	tinto	EUT NOT RELATED TO TH	STO JEERMINAL DISEAS	SE CONDIT ON GI	VEN IN PART 1(c	allie WAS AUT
gave rise to cause (a), stating lying cause last	DUE TO  ony, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING  G CAUSE OF DEATH	A +-	<u> </u>	LEUT NOT RELATED TO TH			VEN IN PART 1(c	19 WAS AUT
gove rise to couse (o), stotin lying couse lost  PART II O  20a ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTIF	DUE TO Only, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING TO G CAUSE OF DEATH Y MEDICAL EXAMINER)	A + DITIONS CONT	HOW INJURY OCCI		jury in Port I or Po	rt II of item 1B)	VEN IN PART 1(c	19 WAS AUT PERFORME YES N
gove rise to couse (a), stoting lying couse lost  Part II O  Part II O  OR CONTRIBUTING (IF EITHER, NOTIF	DUE TO  Only, which immediate g the under:  CTHER SIGNIFICANT CON  VAS UNDERLYING  CAUSE OF DEATH WEDICAL EXAMINER)  DUE TO  COURSE OF DEATH WEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCI	URRED (Enter nature of in	jury in Port I or Po	rt II of item 1B)		19 WAS AUT PERFORME YES N
Quee rise to couse (o), stoting tying couse lost PART II O PART II O OR CONTRIBUTIN (IF EITHER, NOTIF EITHER, NOTIF Hour o, m p. m.	DUE TO  Only, which immediate g the under:  CTHER SIGNIFICANT CON  VAS UNDERLYING  CAUSE OF DEATH WEDICAL EXAMINER)  DUE TO  COURSE OF DEATH WEDICAL EXAMINER)	20b. DESCRIBE	OCCLERED 200 Not white 11 work	URRED (Enter noture of in	jury in Port I or Po	rt II of item IB)	(Cove	19 WAS AUT PERFORME YES N
Que rise to couse (a), stotin lying couse lost  PART II O  PART II O  PART II O  PO CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m  21.   certify th	DUE TO Only, which immediate g the under- THER SIGNIFICANT CON  VAS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  DUE TO  (c)  THER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  DRY Month, Day, Ye	20b. DESCRIBE:  20b. DESCRIBE:  20d. INJURY While of work of the control of the c	OCCLERED 200 Not white 1 work he deceased from	URRED (Enter noture of in	ne, form, 20f (Citag., etc.)	y or lown)	(Cavr	19 WAS AUT PERFORME YES N
Que rise to couse (a), stotin lying couse lost  PART II O  PART II O  PART II O  PO CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m  21.   certify th	DUE TO  Only, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING TO G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DESCRIBE:  20b. DESCRIBE:  20d. INJURY While of work of the control of the c	OCCLERED 200 Not white 1 work he deceased from	e PLACE OF INJURY (Hom factory, street, office bloom	ne, form, 20f (Citago, etc.)	y or lown) the causes or	(Cavr	that (I) (we)
Quee rise to couse (o), stoting tying couse lost PART II O PART II O OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m.  21. I certify the saw the december 100 pc course lost to p. m.	DUE TO  Only, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING TO G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DESCRIBE	OCCLERED 200 Not white 1 work he deceased from	URRED (Enter noture of in  PLACE OF INJURY (Hom foctory, street, office blo	ne, form, 20f (Citag., etc.)	y or lown)  the causes or	(Cavr	of 19 WAS AUT PERFORME YES N
Quee rise to couse (o), stoting tying couse lost PART II O PART II O OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m.  21. I certify the saw the december 100 pc course lost to p. m.	DUE TO  GROW, which immediate g the under.  THER SIGNIFICANT CON  VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Ye  19  100 (1) (this hospitolosed alive an	20b. DESCRIBE	OCCLERED 200 Not white 1 work he deceased from	PLACE OF INJURY (Hom foctory, street, office bloom and death occurred of ATTENDING	ne, form, 20f (Citing, etc.)  MED DIRECTOR	y or lown)  the causes or	(Cavr	that (I) (we)
gove rise to couse (a), stolin lying couse los!  PART II O  PART II O  OR ACCIDENT V  OR CONTRIBUTIN (IF EITHER, NOTHE Hour o.m p. m  21. I certify th  saw the decer  22q_SIGNATURE  22c PHYSIC AN'S NAME (Type)	DUE TO  ONLY, Which immediate g the under.  OUE TO  Cony, which immediate g the under.  OUE TO  Cony  Cony	20b. DESCRIBE:  ar 20d. INJURY While of work of the control of the	OCCLERED 20 Not white 21 he deceosed from 19.22 and the	PLACE OF INJURY (Hom foctory, street, office bloom or death occurred of M.D. ATTENDING PHYS.	ne, form, 20f (Cital)	y or lown)  the causes or	(Cour	that (I) (we)
gove rise to couse (o), stotin lying couse lost PART II O  PART II O  20a ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m  21. I certify the saw the decer 22a, signature.  22c Physic an's NAME (Type)	DUE TO  ON, 23b DATE THEREO  ON, 23b DATE THEREO  ON, 23b DATE THEREO  ON, 23b DATE THEREO  8/12_10	DITIONS CONDING TO THE PROPERTY OF THE PROPERT	OCCLERED 20 Not white 21 he deceosed from 19.22 and the	PLACE OF INJURY (Hom foctory, street, office bloom on death occurred of M.D. ATTENDING PHYS.  22d Appress  (4 2	ne, form, 20f (Cital)	y or lown)  the causes or	(Cour	that (I) (we)

The law requires that the death certificate be exemuted within 24 hours after doubth. Page 4 Then please remove carbon popers. Pages 1 and 2 should be filed with the funeral director, Tas been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 22 hours after death nysician. TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN. may be retained by the haspital ar ottend

VR A15 (4) 15M 9/59



e. IS RESIDENCE ON A FARM? YES NO

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO NO

(State)

[Stote]

Doys

23d, LOCATION (City, town, or county)

FCD BY REGISTRAR

AUG 3 1 '60

Cambridge Mary Land

arthur & thous

Year

1960

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. STATE **b. COUNTY** MARYLAND Dorchester, Co. Dorchester. Co. Markland. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cambridge Maryland Li
d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Fishing Creek. Maryland STREET ADDRESS Cambridge Maryland Hospital None NAME OF Middle 4. DATE Last Month DECEASED (Type or print) DEATH Grover Cleveland Riggins S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS lost birthday) Months DIVORCED [ WIDOWED TO y rs Male White USUAL OCCUPATION (Give kind of work gone 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Waterman Fishing Creek, Maryland, Waterman 83. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Scott Riggins Jane Shenton IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 11130 Mrs. Buena Newcomb., Sunset Ave. Utica, N.Y. **Hnknown** 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** natic biliary obstruction Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. CERTIFICATION CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DICAL 20c TIME OF INJURY Month, Day. Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, affice blda., etc.) Hour o m While Not while of work of work p m 21. I certify that (1) (this hospital) attended the deceased from Alla . 196 0, to AU 2-1, 1960 that (1) (mo) last saw the deceased alive on 1960 and that death occurred at 20M, from the causes and on the date stated above. ATTENDING PHYS. M.D 22d. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Compte Funeral Service, Cambridge, Md.

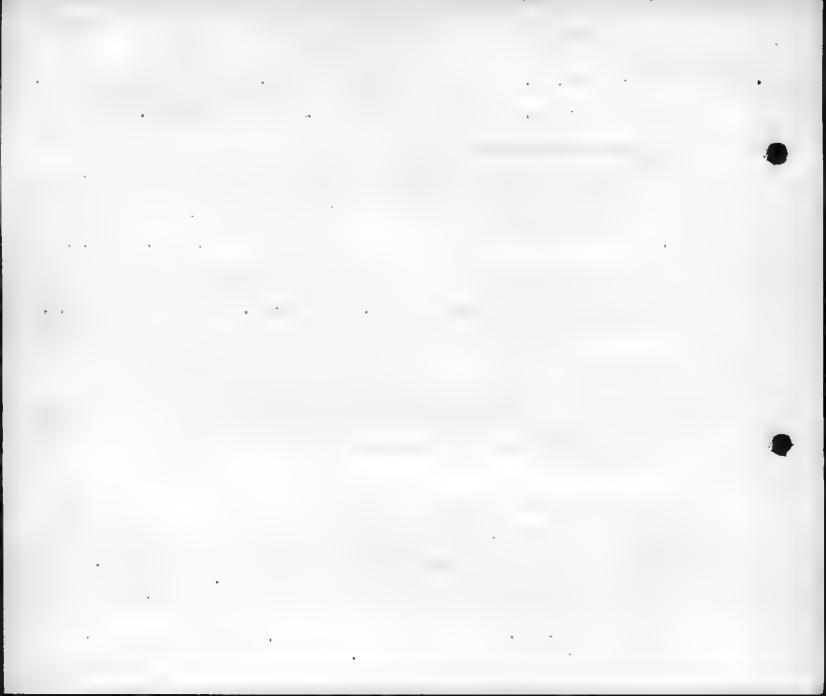
VR A15 (4) 15M B/50

23a. BURIAL, CREMAT ON, 23b. DATE THEREOF

REMOVAL (Specify)

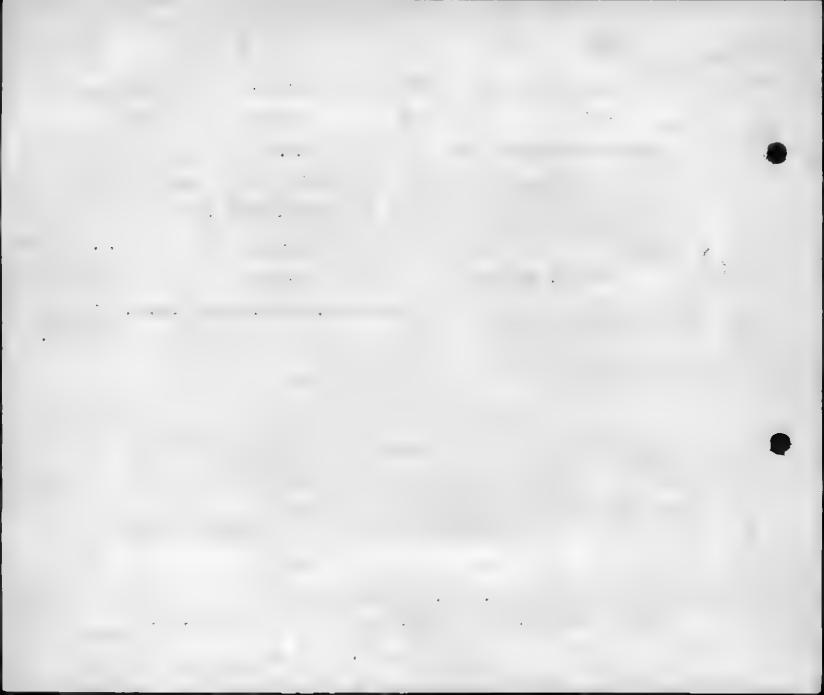
24 FUNERAL DIRECTOR'S SIGNATURE

Buria

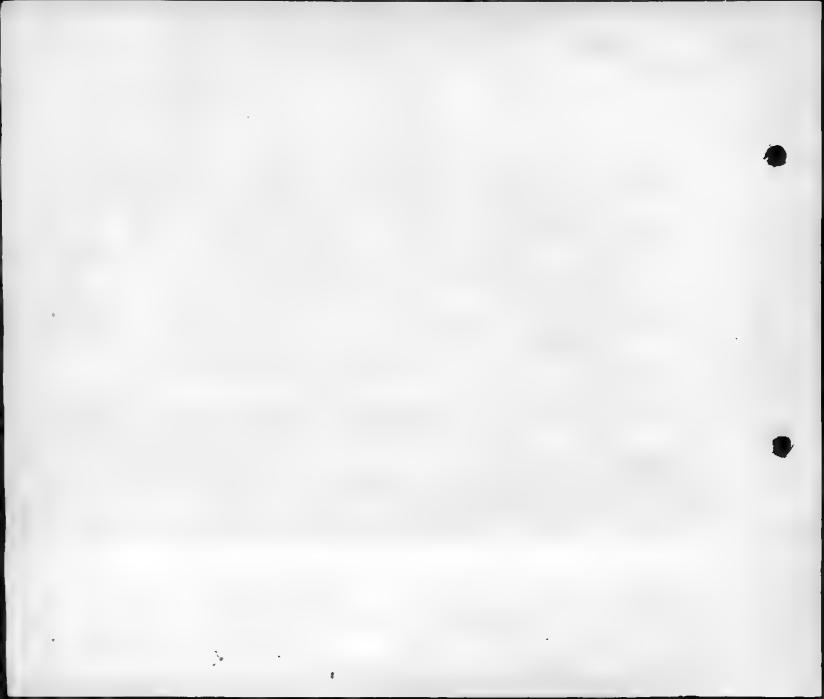


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decassed lived, if institution: Residence before edmission) necessary, actor, Page a. COUNTY a. STATE **b.** COUNTY Dorchester MARYLAND c. CITY OR TOWN it outside corporata I m is, write kukal and graneaust town b. CITY OR TOWN , f outside corporate I mits, c. LENGTH OF STAY IN 16 director, write RURAL and give nearest town) Cambridge 10 years a STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (if not in hospi all give streat address) . IS RESIDENCE ON A FARM? YES NO Cambridge-Maryland Hospital 3. NAME OF Year DECEASED OF (Type or print) DEATH Molland August 18,1960 Robbins with 18. Give Pages I, 2, form PM3, Page 5 may board PM3, Page 5 may board 2 with a page 1 and 2 with page 1 and 2 and 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX B. DATE OF BIRTH lest birthdey) | Months | Days Hours WIDOWED DIVORCED Female February 11,1919 1Db. USUAL OCCUPATION, Give kind of work ' 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Momemaker U.S. Baltimore 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Robert B. Molland Alta Gauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((fyasgivewerordetasofservice) Vernon E. Robbins, Cambridge, Md., R.D. Office along w burist-transit pe IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Corehral vascular accident pencil a burial-DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO d "pending Examiner" (a), stating the undarlying cause lest. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASS CONDITION GIVEN IN PART 1 a., 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO IX l bluads 20a. EXTERNAL CAUSE WAS 2Db. DESCR.8E HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18 1 PRIMARY [] or CONTRIBUTING [] the Chief Me R: Page 3 sho ior to burial, DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or lown, 2Dc. TIME OF NJJRY Month, Day Yser (County) (\$1e+e) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m. forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes to Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) 903 Addrass (Street, city, town, or county) 228, BLRIAL, CREMATION. 22d, LOCATION (City, town, or country) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) 20,1960 Dorchester Memorial Park Cambridge, Md. 0 40 8 FUNERAL DIRECTOR ADDRESS 748. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Combridge, Md. arthur S. Thank 5M 7/59 DATE AUG 2 3 '60

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
TATE	9084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
EPT.		
	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY  Dorchester  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY  Dorchester  MARYLAND	
v1	Dorchester  Maryland  Maryland  Dorchester  Dorchester  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
_/	and give neorest town	
	Cambridge Life Rural - Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e IS RESIDEN	-
1	Cambridge Maryland Hospital RFD 2	M?
	3. NAME OF First Middle Lord 4. DATE Month Day Year	I.A.
	OF DEATH Aug 14, 1960	
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 DATE OF BIRTH 9 AGE (In year) IF UNDER TYEAR, IF UNDER 241	
	Male Negro widowed Divorced May 27, 1960   May 27, 1960   Months Pars Hours Min.	
	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if refired)	etry.
	None None Dorchester County, Md. USA	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Leroy Sharpe Esther Thompson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (You, no, or unknown)   Ill yes, give wor or dolos of service)	
	No None Leroy Sharp, RFD 2, Cambridge, Md.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TOXOINIA	
-	DUE TO 2 devi	S
	conditions if ony, which be ACUTA 1735 1114 (OLY 1111 (O	
	(a), stoling the underlying DUE TO	
		SCY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) [19] WAS AUTOP PERFORMED! YES NO  AUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	?
	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Pert II of Item 18.)	لبا
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work of w	le)
	Haur o. m. While Not white of work of work of work	
	21. 1 certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [], and in	пу
	apinion deoth resulted from: Notural couses 🖺. Accident 🔲. Suicide 🔲, Homicide 🔲, Undetermined manner 🔲	
	ACTUAL DATE SIGNED	
	SIGNATURE	
	ASSISTANT MEDICAL EXAMINER   8/15/60	
	HAME (Type) (103111 1:300 0 c c c c c c c c c c c c c c c c c	
	226 BUPIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, or county) [Slote]	
	Burial 8/15/1960 Thompsontown Cemetery Dorchester County, Md.	-
	Will A December 1	
	Arthur M. Cambridge, Md. DATE W. 4 60 ] Carling d. Krus	- 0
	X 27 / 4 4 /	



VS A15 (4) 1SM 9/58

	9080		CERTIF	-ICA	TE OF D	EATH			Reg. Dis	t. No.	11232
1 PLACE OF DEATH a. COUNTY	orchester		MARYL	AND	2. USUAL RESIDE	ence (Who Maryl		ved. If instituti b. COUNTY			
Cambr		its, write	12 years	N 1b		own (if or Cambr		e limits, write R	URAL and g	ive negrest	town)
OR INSTITUTION	TAL (If not in hospital, of B Cedar				d. STREET AD	ORESS 215 B	Ceda	r Stree	t	0	RESIDENCE ON A FARM? S NO 🔀
3. NAME OF DECEASED (Type or print)	Fi Mi.r	mie	Middle Dorma	an	Stanl	ey	4. DATE OF DEATH	Mor Augus		Day 30	Year 19 60
s. sex Female	6 COLOR OR RACE	7. MARR	NEVER MARRIES  DIVORCED		Decembe	r 25,	1890	AGE (In years last birthday) 69 yrs.	Months		DUES Min.
10a. JSUAL OCCUPAT during most of wo House	rking life, even if retired	done 10b	KIND OF BUSINESS OR Home	INDUS				<sup>try)</sup> Maryla		U.S.A	AT COUNTRY?
13. father's name Unkno	nwn				14. MOTHER'S A	er Do					
	ER IN U.S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.		FORMANT Lichard S	tanle	y, Cam	Add bridge,		and	
Conditions, if gave rise to cause (a), stating lying cause last	the under-	) Hyl )	Cardiovaso certensive	e A:	rterios	cler				1(a) 19 W	YAS AUTOPSY ERFORMED? S   NO   NO
200 ACC DENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a.m. p. m.	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. il While at wor	k at work	20e. PLA faci	CE OF INJURY (He lary, street, office )	ome, farm, bldg., etc.]	20f. (City or	lown)		ounly)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. Edwin	Fasse	ed from July 60 , and that of the following			i45 E	M, from the control of the control o	e causes an	d on the state)	date sta	ated above
22a. BUR AL, CREMATI REMOVAL (Specify DULY 87 23 FUNERAL DIRECTO	Gept. 3	, 196	22c. NAME OF CEMET  Head of  ADDRESS	f th	c Creek	Cemet				n, Ma	(State) ryland
J.J.Frampt	om and Son,	Fede	ralsburg, M	ary.	Land	DATE SE	8 '60	C'a	Court of	Kraus	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/5B

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j.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
910.5 CERTIFICATE OF DEATH

1. PLACE OF DEATH
2. USUAL RESIDENCE (Where deceased I'ved | If institution:

09072

		31	(J+1	CERTIFIC	AII	OF DEATH	1		Reg. D	ist. No.		
1. PLAC a. CC	E OF DEATH	orchester		MARYLAND	- 11	USUAL RESIDENCE (WHO STATE Maryl		I I'ved If institution  b. COUNTY	on: Reside			on)
	RAL and give ne	outside corporate limi orest town) a — Rural	ls, write	Life		c. CITY OR TOWN (IF a	utside corpoi		URAL and	give nec	arest town	()
d. NA	AME OF HOSPITA EINSTITUTION	Route 50	ive street (	address)		d. STREET ADDRESS	50				e. IS RES ON A YES	FARM?
3. NAM DECE. (Type	E OF ASED or print)	fir V <b>i</b> n	field	Middle	St	anley	4. DATE OF DEATH	Mon Augus		29	,	Year 19 60
S SEX	ale	6. COLOR OR RACE	7 MARR WIDOWE	IED NEVER MARRIED DE DIVORCED DE DIVORCED		arch 9, 189	2	P AGE (In years last birthday) 68 yrs	Months:	Days	Hours	R 24 HRS Min.
duri	Farmer	N (Give kind of wark ing life, even if retired	dane 10b.	kind of Business or Ind Farming	DUSTRY	Dorcheste	-			U.S.		OUNTRY?
)		Henry Star	29		14	Mary (maid		ne unknow	n)			
		IN U.S. ARMED FOR If yes give wor or dates of s	nryson)	social security no. 14-07-9981		· Surah L.	Stanle	y, Vienn		α., 1	R	D.
Cation	part I DEAT  anditions, 'f an over rise to in ose (a), stoting to ng cause ast.  Part II OTH	H WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  LY, which he under:  ER SIGNIFICANT CON	)	Generalize  Arterios  Ontributing to DEATH B	clea ut not	RELATED TO THE TERMI	sclev eart NAL DISEASE	Dise		ONS	9 WAS PERFO	CAYS  CAYS
21. aliv	TIME OF NJURY Hour o. m. p. m.  I certify the	S UNDERLYING BILL CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Year Strain Str	or 20d. IN White of work	Not while 20e.	PLACE (foctory,	of INJURY (Home, farm street, office bldg., etc., 19 6-0, ta Courred at 5:15A	20f (City	or town)  1960, the causes and	that I le		stated	
REM Bu	IAL CREMATION NOVAL (Specify)	Aug . 31,1	960	Fork Neck	Ceme	tery		Vienna,			(State	e)
23. FUNE	Framuto	m and Son,	Fede	ralsburg, Mar	yla	nd PATE CE	D BY REGIST		STRAR'S S			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY\_ files. Health, MARYLAND Dorchester, Co. Dorchester. Co. CITY OR TOWN . Low side corporate imits, will a RURA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparole limits, write RURAL and give nearest town) 00 F and give negrest fown) Cambridge, Maryland. D-0-A-Fishing Creek, Maryland, d STREET ADDRESS . IS RES DAN E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🔲 NO 💽 Cambridge Maryland Hospital. None 3. NAME OF 4. DATE Month Year DECEASED DEATH 8 (Type or print) Bertha Elliott 160 Travers 9. AGE (In years IF LINDER 24 HRS. 6 COLOR OR RACE 7 MARRIED TY NEVER MARRIED 1 8 DATE OF BIRTH IF UNDER TYEAR 5 SEX with a out birthday) Months Doys Hours Min. WIDOWED [ DIVORCED | Female White Give Pages 1, 2, and the form PM3. Page 5 File pages 1 and 2 my event within 79 to-M CH 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Housewife Housewife Fishing Creek. MD. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward Elliott Nettie Travers 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address I I yes give wer as detay of success with No Mr. Rikey Travers, Bishing Creek. No No Maryland. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). CINSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 hrs. Rupture cerebral aneurysm in pencil in the ner's Office ald byriol-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if any," which gove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. as PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE COND TION GIVEN IN PART 1101 IP. WAS AUTOPSY Grang Erro CERTIFICATION PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) A G CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or fown) (County) (Stote) writing the 1 to the Chi factory, street, office bldg., etc.) While Not while 6. 60 of work of work D. M. 2). I certify that I took charge of the remains described above, held on Autopsy 况 Inspection 🗍 Inquiry . and in my certificate, v farwarded 1 DIRECTOR: opinion death resulted fram: Notural couses [4], Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER T SIGNATURE xecute the ci should be f FUNERAL D ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 8/12/60 John Mace Jr. DEPUTY MEDICAL EXAMINER X NAME (Type) 220. BUR AL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 70 Burtal Dorchester Memorial Park Cambridge Mary Land 23. FUNERAL DIRECTOR'S SIGNATURE VII. ATSME Le Compte Funeral Service, Cambridge, Maryland PATE ALMS 23 '60 5M 2/57



## FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9()87 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

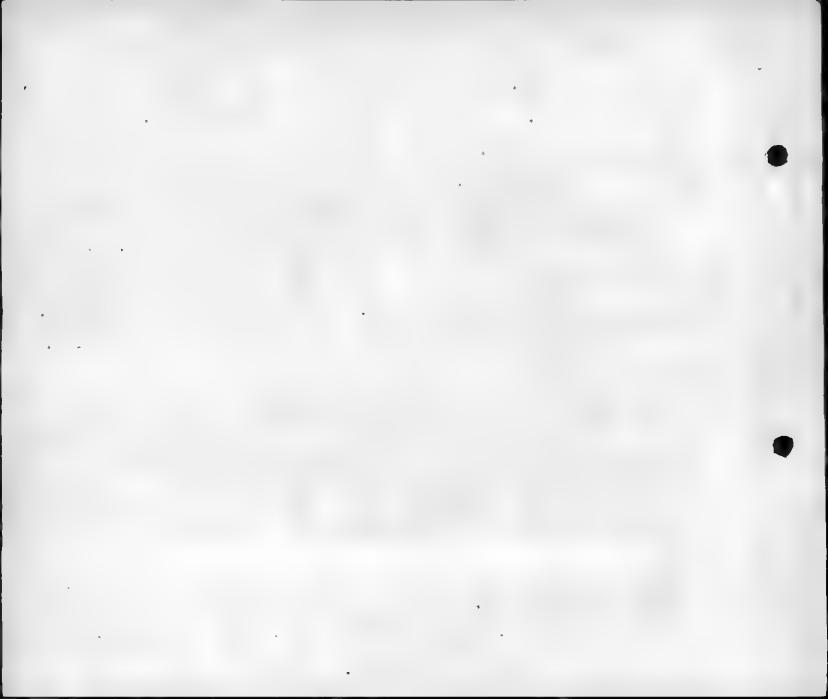
09074

Reg. Dist. No.

	1, 1	PLACE OF DEATH		****				ESIDENCE (Y	Vhere deceo	sed lived. If in	itilution. Resid	ence befo	re admission)
1			chester. C	Q <sub>a</sub>	MA	RYLAND	e. STATE	Marvla	274	b. COU		rches	ter. Co.
-	b		ouls de corporate fabris, write	RURAL	c. LENGTH OF STA	Y IN Ib	c. CITY C			parate fimits, w			
1		Cambridge,	Maryland.		Life		X Fi	shine	Greek	, Maryl	and.		
	d	. NAME OF HOSPITA	L OR INSTITUTION (	f not in h	ospital, give street add	reas)	d STREET	ADDRESS			×1.0.2.70.10		B IS RESIDEN E
		Fishing	Creek, Mar	yland	i.			None			diameter a admillionation, as, adalles	parties, in	YES NO THE
	3.	NAME OF DECEASED	Fire	il.	Middle		le	lac	4. DATE	Mi	onth	Doy	Yeor
		(Type or pr'nt)	Nancy		J.		vers_		DEATH	8		12	19 60
	5. S	SEX	6 COLOR OR MACE	7. MARI	EIED NEVER MARR	ED 🔯 8	DATE OF BIR	тн		9. AGE (In years last berthday)		-	F UNDER 24 HRS
	]	Female	White	WIDOW	ED DIVORCE		6/12/1	.881		79 y	rs Months	Days .	Haurs Min.
	10a	USUAL OCCUPATIO	N (G've kind of work of life, even if retired)	dane 10b	KIND OF BUSINESS O	R INDUST	RY 11 BIRTH	PLACE (State	ar fareign o	country)	12. CIT	IZEN OF	WHAT COUNTRY?
		Sea Food		S	ea Food		Fis	hing C	reek.	Maryla	nd U.	S.A.	
,	¥3.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	MAME				_
	1		r, Travers					Harr	riett	Lewis			
_	15.		R IN U. S. ARMED FOI		SOCIAL SECURITY N	O 17. IN	FORMANT			Addr	004		
		No	No		No	Mr	Henr	y Trav	ærs.	Fishing	Creek,	Mar	yland.
		18 CAUSE OF DEAT	H Enter only one cau	se per lin	• far (a), (b), and (c).]	**-						TINTES	AL BETWEEN AND DEATH
		PART 1, DEATH	H WAS CAUSED BY:		Myocardia	d fai	llure					Or sold	1 wk.
		103	L.Z. DUE TO										
		Candilians, if an											
		gave rise to immedi (a), stating the u							******				2 TI
		cause last.	(c)										
	Z	PART II, OTHI	ER SIGNIFICANT CON	O SHOITIC	ONTRIBUTING TO DE	ATH BUT N	OT RELATED T	O THE TERMI	INAL DISEAS	E CONDITION	GIVEN IN PAR	T 1(a) 19.	WAS AUTOPSY
	CERTIFICATION											YE	PERFORMED?
	TIFI	200. EXTERNAL CAU	SE WAS 20	b DESCRI	BE HOW INJURY OCC	URRED. (E	nier nature of	injury in Parl	t I or Parl II	of Hem 18.)			
		CAUSE OF DEATH.	TRIBOTTING ES										
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yes		INJURY OCCURRED	20e PLAC	E OF INJURY	(Home, form	20f (City	y or town)	(Co	unty)	(State)
	MED	Hour e, m, p, m,	19	Whi	ile Netwhile rark is stwark is	lecto	ry, street, affi	ca olog., etc.	1				
		21. I certify the	at I took charge	of the	remains describ	ed abov	re, held a	n Autops	y 🗍 , I	nspection F	9. Inqui	ry 🗍.	and in my
		opinion death	Esuned fram: 1	Natural	causes D. Acc	ident [	7. Svici	de 🗍 . H	- <del></del> Homicide	. Unde	etermined	nanner	
		/				7							
,		ACTUAL SIGNATURE	beline	_ )	Pil Ca	1	LL CHIEF	MEDICAL EX	AMINER [				DATE SIGNED
7 ,				- alla - ann		1	_ M.D. A\$\$I\$1	ANT MEDICA	AL EXAMINE	R 🗆		0	40160
		EXAMINER'S	John Ma	ace J	r.		DEPUT	Y MEDICAL E	EXAMINED	đ		0	/12/60
	720	BURIA, CREMAT OF	226 DATE THEREO		72c. NAME OF CEM	ETERY OR	CREMATORY		224 LOCA	TION (City, law	n, or county)	when desired and	(State)
	I	Burlal (Spec 1)	8/13/19	960.	Dorchest	er Me	morial	Park.		bridge,		nd.	
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGIST	RAR 24b RE	GISTRAR'S SIG	V 4550	
		Le Compte	e Funeral	Servi	ce, Cambri	den.	Md.	DATE A	UG 23	'60	Circling 2	P. France	i.A
ar .	1												

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word. I ding' in pencil in them 18. Give Pages 1, 2, and 3 to the fursional director. Page 4 should be forwarded to the Chief Med. Examiner's Office along with form PM3. Page 5 may be relifery your files.

THE FUNERAL HINGTOR: Page II should be used in a bunichtransit permit. File pages 1 and 2 with the instance of Health, or its dissipanced myent, prior to burial, cremation, in removal, and in may event within 72 limits offer death. VS. A15ME 5M 2/57



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HANTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased | ved. if institution: Residence before admission) a. COUNTY Page **b.** COUNTY Maryland Durchester MARYLAND b. CITY OR TOWN ( I outside corporate l'mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town eral director. write RURAL end give nearest lown) Carbrid, e Minutes Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Boi ON A FARM? Cambrid, e l'aryland St. Paul Hospital YES NO X 3. NAME OF Middle 4. DATE Dev Yeer DECEASED 11, 2, and 3 to the age 5 may be ref 1 and 2 with the 72 hours after de (Type or print) Ferdnan( DEATH Long IIIman 19 00 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest b rihday) Months Days | Hours WIDOWED X DIVORCED [ Aug. 0. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Maryland Pharmacy USA ages Pharmacist ■M3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S S S S 雌江 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unkown) | (If yes give war or dates of service) permit. Office along with burial-transit perm ernard Ulman Baltimore. I'id. in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN <u>=</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion and Hr. **DUE TO** removal, Conditions, if any, which gave rise to immediate couse 40 **DUE TO** (e), stating the underlying the word "pendin Medical Examiner" 55 Ь cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) execute the certificate, writing the PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 3 DICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY [Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) formwarded to the Chit DIRECTOR: Page fectory, street, office bldg., etc.) While Not While Hour e.m. el work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection \* Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes 7 Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be fer SIGNATURE DEPUTY MEDICAL EXAMINER K EXAMINER'S' NAME (Type) 1.ace Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Jashin Cemetery Hurlock, Dor., Md. 40 24e. REC'D BY REGISTRAR I VS. A15ME AUG 2 6 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



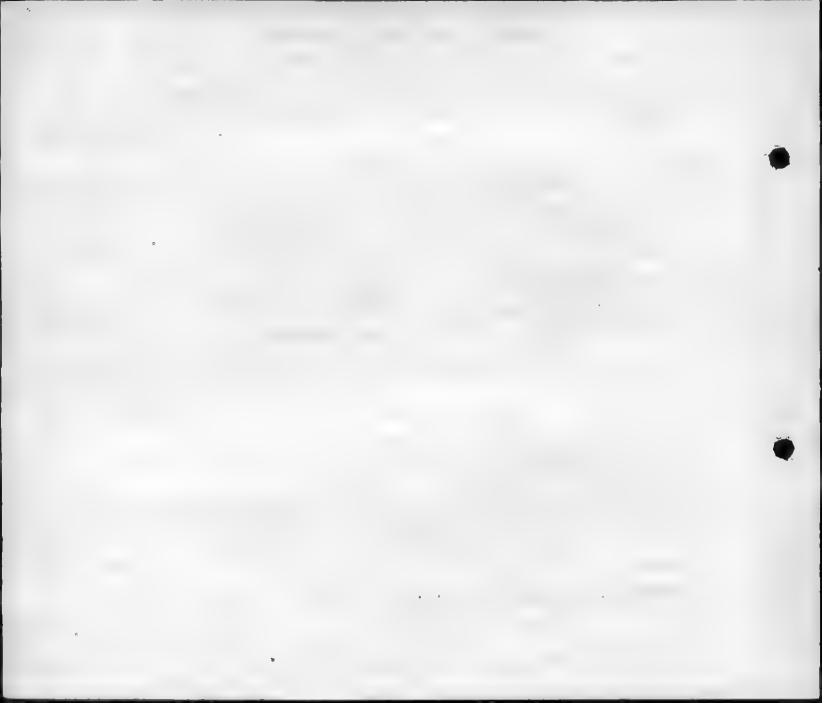
VS A15 (4) 15M 9/SS P

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	14
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9089 CERTIFICATE OF DEATH

Reg. Dist. No. 10237

1	1. PLACE OF DEATH				2	USUAL RESID	ENCE (Wh	ere decease	d lived. If instituti	on: Residen	e before	odmiss	ion)
	8 COONIT	Dorches	ster	MARYLANG		o STATE	Mary:	land	b. COUNTY	Dor	che	ste	r
4	b CITY OR TOWN (III RURAL and give no		its, write	c. LENGTH OF STAY IN 18	,	c. CITY OR 1	OWN (IF or	utside carpo	rate limits, write R	URAL and g	ive near	est tawn	1)
	Cambr			Life			Camb	ridge	9				
,	d. NAME OF HOSPIT	AL (If nat in hospital, i	give street	oddress}		d. STREET A	DDRESS				0.	IS RES	IDENCE
	Cambr	idge Mary	yland	d Hospital		1	428	High	Street				NO.
	3 NAME OF DECEASED	Fi	nt	Middle		Los		4. DATE	Man	th	Day	1	Year
	(Type or print)	Sin	ia	Lollev		War	d	OF DEATH	Aus	7	31	. 1	1960
	5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8. D	ATE OF BIRTH	1		9. AGE (In years lost birthday)	IF UNDER		FUNDE	
	Female	Negro	WIDOWI	ED DIVORCED	J	fune 1	, 18	95	65 yrs.	Months	Days	Hours	Min
	100. USUAL OCCUPATIO	N (Give kind of work ing life, even if cetired	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CIT	ZEN OF	WHAT	COUNTRY
-	Housew			Housewife		Dore	hest	er Co	ounty, Mo	1.	U	SA	
1	13. FATHER'S NAME				1.	MOTHER'S	MAIDEN N	AME					
		Josiah 1	Hugh	es			Eli	za :	Jane Hu	ighes	)		
7	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO 17	INFO	RMANT			Addi	P813			
- [	No		-	None	One	ida J	olle	y, Ca	ambridge	e, Md			
	18. CAUSE OF DEA	TH [Enter only one co	ause per lii	ne for (a), (b), and (c) ]				7				VAL BE	
	PART I. DEA	TH WAS CAUSED BY:	1	Cardiac I	eco	mpen	satio	n			ONSE	TAND	DEATH
	730	DUE TO	,										
1	Canditions, if or	ny, which ) a	, Ar	teriosclero	tie	c hear	et di	Seas	е				
	gave rise to in cause (o), stating t		,										
	lying couse lost.	) (c	:)										
	PART H. OTH			ONTRIBUTING TO DEATH B	UT NO	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS A	ALTOPSY
	3		Di	abetes Mell	itu	18							RMED?
	PART H. OTH  200. ACCIDENT WA  OR CONTRIBUTING  OF EITHER, NOTIFY	S UNDERLYING I		CRIBE HOW INJURY OCCUR			injury in P	arl I or Part	t II of item 18 )				
	- '	MEDICAL EXAMINER)											
		Month, Day, Ye			PLACE	OF INJURY (	fome, form,	20f. (City	or town)	{C	cunty)		(State)
	Hour o.m.	19	While of wor	k at work	reciony.	, siredi, office	biog., etc.)	'					
	21. I certify the	at I attended the	deceas	ed from Februs	rv	1959	to Au	gust	31.1960	that LI	ast say	v the	deceased
	alive on Augu			60 and that dea	**								
		0/0.							treet, city or town,		16 0016		ATE SIGNED
	ACTUAL SIGNATURE	YEar-	100	ne	M D	227	Pine	St-	Cambrid	ge . Ma	i.	9-	-1-60
- 1						the state of the state of				facin or after a six s			
	PHYSICIAN'S NAME (Type)	f. Edwin	Fass	ett, M.D.	_			in 150 arrows was alle alle sun s					
	22a. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCAT	MON (City fawn, o	or county)		(State	<b>b</b> )
	Burial	9/4/19	60	Bethel Co	met	tery		Cam	bridge,	Mary	7lan	d.	
	23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a REC'D	BY REGIST		STRAR S SIG			
18													



DATE SEP 6

within

TO HOSPITAL

VS A15 (4) 15M 9/SS



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution, Residence before edmission) is nec.
director. Po.
vour files. e. COUNTY a. STATE b. COUNTY MARYLAND Dorchester Maryland b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town! Cambridge d. NAME OF HOSPITAL OR INSTRUCTION (if not in hospital, give street address) Boar for a. IS RESIDENCE ON A FARM? State Nambridge-Maryland Mospital YES NO Travers Court DATE Yeer DECEASED OF the (Type or print) Vernon Wingate DEATH August 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit s 1, 2, and 3 age 5 may 1 and 2 will 72 hours ast birthdey) Hours Mele WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? in Item 18. Give Pages 1, 2 dona during most of working life, aven if relired) U.S. Wingate Md. Unemployed pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred J. Wingate Sarah Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes, no. or unkown) | (If yasgive were datas of service) permit Office along with for burief-transit permit smoval, and in any a Hardesty Wingate, Travers Court, Cambridge, Md. 18. CAUSE OF DEATH (finter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART L DEATH WAS CAUSED BY: Intracranial injury days IMMEDIATE CAUSE (a) in pencil **DUE TO** removal, "pending" Examiner's ( gava risa to immadiata cause DUE TO (a), steting the underlying causa last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NOX Medical should ease mecute the certificate, writing the w 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) e 3 sho burial, DEPUTY MEDICAL EXAMINER: Was riding bicycle and ran into auto. CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri 20d. INJURY OCCURRED. | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY (County) (Steta) fectory, street, office bldg., atc.) While Not While Cambridge Md. Dor. 1960 et work el work Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry and in my opinion Undetermined manner death resulted from Natural causes Accident T Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINERS NAME (Type) John ace Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATOR 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Dorckester Memorial Park OI 40 6 Cambridge. Md. ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATE AUG 1 5 '60 VS. AISME arthur & Krous 5M 7/59 Cambridge .Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2971-01-20 - 20 meigrol - on the specific spe ALE - STORY IN THE Total Age Pare a specialist Apathov or at each and feel ATOMIC TOTAL Discourage of the Control of the Con and the state of t The state of the s the profession of the Lebaster revenues a William to the contract of the contr and because not a great The rest of the second of the second

09078 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where defeased lived. If institutions Residence before admissi PLACE OF DEATH o. COUNTY b. COUNTY b. CID OR TOWN (If outside corporate limits, write C. LENGTHADE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should ARMAE OF HOSPITAL IT IS in hospital, give street add d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Day Year DECEASED (Type or print) DEATH 19600 7. MARRIED WEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED T DIVORCED [] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mort of working life, even if retired) 12. CHIZEN OF YOHAT COUNTRY? delas corbon Ď ofter 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL SETWEEN ONSET AND DEX PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost iol-tronsit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 50 MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour n m While at work | of work 19(00 that I last saw the deceased 21. I certify that I attended the deceased from. alive on and that death accurred M, from the causes and an the date stated above. ADDRESS (Street, city or Jown, stole) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER ന 220 BURIAL, CREMATION 226. DATE THEREOF page 0 ONERAL DIRECTOR'S STONATURE ADDRESS 24b. REGISTRAR'S SIGNATURE REG'D BY REGISTRAR AUG 1 8 '60 arthur & Heave

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

